

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90119 022 ***158.75

DOCUMENT # P00000103075

1. Entity Name *ULTRA TRUCK + TRAILER REPAIRS INC*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *1673 N Spring Garden Ave*
Suite, Apt. #, etc. *Ave*

3. Mailing Address *1673 N Spring Garden Ave*
Suite, Apt. #, etc. *Ave*

DO NOT WRITE IN THIS SPACE

City & State *Deland FL*
Zip *32738* Country *USA*

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Zip *32738* Country *USA*

4. FEI Number *59-3680016*
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Christine Korgi*
Street Address (P.O. Box Number is Not Acceptable) *975 Rolling Acres Drive*
City *Deland* FL Zip *32738*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Christine Korgi*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/02
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *Christine Korgi*
NAME *975 Rolling Acres*
STREET ADDRESS *Deland FL 32720*
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine Korgi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 *386-740 0025*
Date Daytime Phone #

CR2E034B (12/01)