

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90001 038 ***150.00

DOCUMENT # P01000047419

1. Entity Name
ULTRAGARD WINDOW TINTING, INC.



Principal Place of Business
**6070 N.W. 64TH AVE BLDG 6 APT 312
TAMARAC, FL 33319**

Mailing Address
**6070 N.W. 64TH AVE BLDG 6 APT 312
TAMARAC, FL 33319**

54066263



2. Principal Place of Business

5005 STARBLAZE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

5005 STARBLAZE DRIVE
Suite, Apt. #, etc.

07232004 Chg-P CR2E034 (10/03)

City & State

GREENACRES, FL

City & State

GREENACRES, FL

4. FEI Number

65-1105310

Applied For

Not Applicable

Zip

33463

Country

Zip

33463

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIOS, DIDIER
5521 LAKESIDE DR., APT 107
MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name **RIOS, DIDIER**
Street Address (P.O. Box Number is Not Acceptable)
5005 STARBLAZE DRIVE

City **GREENACRES**

FL

Zip Code
33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

President

07/27/04

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RIOS, DIDIER	
STREET ADDRESS	5521 LAKESIDE DR., APT 107	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5005 STARBLAZE DRIVE	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

President

07/27/04

(954) 695-1158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #