

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90272 001 \*\*\*150.00

**DOCUMENT # P01000057018**

1. Entity Name

Plus Ultra Design, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8419 Twin Lakes Drive

3. Mailing Address  
8419 Twin Lakes Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number  
65-1125587

Applied For  
Not Applicable

Zip  
33496

Country

Zip  
33496

Country

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  
Henry Dean, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)  
251 Dixie Blvd.

City Delray Beach, FL Zip Code 33444

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Bagliore, Stacey  
8419 Twin Lakes Drive  
Boca Raton, FL 33496

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**DO NOT WRITE  
IN THIS SPACE**

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:

Stacey Bagliore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2004

Date

Daytime Phone #

561-470-8813

CR2E034B (12/01)