

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90041 021 ***150.00

DOCUMENT # P01000059994

1. Entity Name
ULTRA LAND CLEARING SERVICES, INC.

Principal Place of Business
1820 NE JENSEN BEACH BLVD.
SUITE 533
JENSEN BEACH FL 34957

Mailing Address
1820 NE JENSEN BEACH BLVD.
SUITE 533
JENSEN BEACH FL 34957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABOURDETTE, BARBARA C
3301 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957

Name *Manuel Martinez*

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

1820 N.E. Jensen Beach Blvd Suite 533

City *Jensen Beach, FL*

FL

Zip Code *34957*

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *D* ☒ **Delete**
NAME *LABOURDETTE, BARBARA C*
STREET ADDRESS *3301 NE INDIAN RIVER DRIVE*
CITY-ST-ZIP *JENSEN BEACH FL 34957*

TITLE *President* ☒ **Change** ☐ **Addition**
NAME *Manuel Martinez*
STREET ADDRESS *1820 N.E. Jensen Beach Blvd.*
CITY-ST-ZIP *Jensen Beach, Florida 34957*

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/10/02

Date

Daytime Phone #

CR2E034 (9/01)