

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119366

1. Entity Name  
ULTIMATE REALTY CORP.Principal Place of Business  
1204 EAST PARK CIRCLE  
TAMPA FL 33604Mailing Address  
1204 EAST PARK CIRCLE  
TAMPA FL 336042. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
ZipCity & State  
Country

4. FEI Number

01-0167017

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

POWELL, JEANETTE  
1204 EAST PARK CIRCLE  
TAMPA FL 33604

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE: **PSTD**  Delete  
NAME: **POWELL, JEANETTE**  
STREET ADDRESS: **1204 EAST PARK CIRCLE**  
CITY-ST-ZIP: **TAMPA FL 33604**TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  DeleteTITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  AdditionTITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  Addition

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: *Jeanette Powell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02 813-238-7355

Date

Daytime Phone #

0012035 AT

CR2E034 (9/01)