## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 1

## Apr 21, 2003 8:00 am Secretary of State 04-07-2003 91050 007 \*\*\*150.00 P02000008452 DOCUMENT # 1. Entity Name **ULTRA GRIP INDUSTRIES,INC** נ DDU40140 Principal Place of Business Mailing Address 4401 112ND TERRACE N 4401 112ND TERRACE N **CLEARWATER FL 33762** CLEARWATER FL 33762 P.O. BOX 2. Principal Place of Business 4530 126 AUE.N. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State Applied For LEARWATER, FI. 01-0578042 LFARWATER Not Applicable Zip \$8.75 Additional \_ 5.-Certificate of Status Desired :--Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME-PERSON-ENFW-ADDRES WILSON, VERA Street Address (P.O. Box Number is Not Acceptable) 5839 16TH LANE N.E. ST PETERSBURG FL 33703 2662 HERON LANES Zip Code 33762 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. FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CRZE034 (10/02) Change Addition TITLE ☐ Delete TITLE WILSON, GARY R NAME NAME 2663 HERON LANES. 5839 16TH LANE N.E. STREET ADDRESS STREET ADDRESS ST.PETERSBURG FL 33703 CLEARWATER FL. 33762 CITY-ST-2IP CITY-ST-ZIP VD Delete TITLE TITLE ☐ Addition NAME WILSON, VERA G NAME 2663 HERON LANE S. 5839 16TH LANE N.E. STREET ADDRESS STREET ADDRESS ST.PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZtP CLEARWATER, FL 33762 Addition TITLE Delete TIME ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered. LSICOLOUSE SUPER BOWLESON

FILED