

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State

04-21-2003 91184 041 ***150.00

DOCUMENT # P02000093574

1. Entity Name
ULTIMATE BOXING, INC.



Principal Place of Business
**1344 WEST 15TH STREET
PANAMA CITY FL 32401**

Mailing Address
**1344 WEST 15TH STREET
PANAMA CITY FL 32401**

55048814

2. Principal Place of Business
Suite B, 1344 W. 15th St

3. Mailing Address
1344 W. 15th St.

Suite, Apt. #, etc.
Suite B.

Suite, Apt. #, etc.
Suite B.

☐ CHECK HERE IF MAKING CHANGES

City & State
Panama City FL

City & State
Panama City FL

4. FEI Number
57-1147384

Applied For
☐ Not Applicable

Zip
32405

Country
U.S.A.

Zip
32405

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CILBRITH, TIM
1104 YALE AVE
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name
Tim Cilbrith

Street Address (P.O. Box Number is Not Acceptable)
1104 YALE AVE.

City
Panama City

FL Zip Code
32405

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

(NOTE: Registered Agent signature required when reinstating)

DATE
6/16/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
DP
NAME
CILBRITH, TIM
STREET ADDRESS
1344 WEST 15TH STREET
CITY-ST-ZIP
PANAMA CITY FL 32401

☐ Delete

TITLE
VP
NAME
DICKERSON, ROBERT
STREET ADDRESS
1344 WEST 15TH STREET
CITY-ST-ZIP
PANAMA CITY FL 32401

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

850-319-7452

CR2E034 (10/02)