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Jun 27, 2003 8:00 am
Secretary of State
05-06-2003 90045 031 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000102572

1. Entity Name
ULTIMATE HOME IMPROVEMENT, INC.

651030222

55049975

[redacted]

Principal Place of Business	Mailing Address
5040 SOCIETY PL E W PALM BEACH, FL 33415	5040 SOCIETY PL E W PALM BEACH, FL 33415

2. Principal Place of Business		3. Mailing Address	
		PoBox 212482	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Royal Palm Bch, Fl	
Zip	Country	Zip 33421	Country Palm Bch

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number [illegible] ☐ 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
COLEMAN, ANTHONY G JR 3275 W HILLSBORO BLVD #207 DEERFIELD BEACH, FL 33442	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE ________

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	DAHAN, RONNY ☐ Delete	NAME	
STREET ADDRESS	5040 SOCIETY PL E	STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 33415	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] APR 29 2003 561-333-0678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #