

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90331 004 \*\*\*150.00

**DOCUMENT # P02000114765**

1. Entity Name  
**ULTIMATE CPE, INC.**



Principal Place of Business  
**3324 W UNIVERSITY AVE #342  
GAINESVILLE FL 32607-2540**

Mailing Address  
**3324 W UNIVERSITY AVE #342  
GAINESVILLE FL 32607-2540**



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

**04-371956-8**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AGUIRRE, ANGELA  
3324 W UNIVERSITY AVE #342  
GAINESVILLE FL 32607-2540**

7. Name and Address of New Registered Agent

Name **Keith Levey**  
Street Address (P.O. Box Number is Not Acceptable)  
**3324 W. University Ave #342**  
City **Gainsville** FL Zip Code **32607-2540**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AGUIRRE, ANGELA</b> <b>11851 SW 8TH COURT</b> <b>DAVIE FL 33325</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Keith Levey</b> <b>3645 TUSCAN DRIVE</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**7/11/03**

Date

Daytime Phone #

CR2E034 (4/03)

*Attachment*

10110047

July 11, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Ultimate CPE, Inc.  
Document Number: P02000114765

To Whom It May Concern:

I am the President of Ultimate CPE, Inc. a new Corporation. I have received the Uniform Business Report to be paid by September 10, 2003 in the amount of \$ 550.00. This is the first time this report was received by me.

Please abate the filing fee penalty due to the fact that I did not receive any correspondence from the state previously. I am enclosing a check in the amount of \$150.00 along with the form.

Thank you for your consideration in this matter.

Sincerely,



KEITH LEVEY  
President