

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90080 002 ***150.00

DOCUMENT # P04000003267

1. Entity Name

Ultra Packaging and Shipping Services, Inc.

DO NOT WRITE IN THIS SPACE

50018501

2. Principal Place of Business 4801 Linton Blvd. Suite, Apt. #, etc. 11A		3. Mailing Address Same Suite, Apt. #, etc.		4. FEI Number 20-0544250		Applied For <input type="checkbox"/> Not Applicable	
City & State Delray Beach, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
Zip 33401	Country USA	Zip	Country				

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Joseph, Prepetit
Street Address (P.O. Box Number Is Not Acceptable)
4801 Linton Blvd
11A
City
Delray Beach FL Zip Code
33445

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 _____ DATE 02/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Joseph, Prepetit 4801 Linton Blvd. 11A Delray Beach, FL 33445	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Joseph, Bernadette 4801 Linton Blvd. 11A Delray Beach, FL 33445	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Prepetit Joseph 02/17/05 561-865-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #