

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -5 PM 3:19

**REINSTATEMENT** 05-06  
7/1/05 90003 029 \$550.00

DOCUMENT # P04000021211

1. Entity Name  
PAUL R. ULBRICHT, INC.



Principal Place of Business  
6672 31ST ST S  
ST PETERSBURG, FL 33712

Mailing Address  
6672 31ST ST S  
ST PETERSBURG, FL 33712

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

12092005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3782994

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROWE, JAMES G ESQ  
770 2ND AVE S  
ST PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name  
Shirley A. Tyler - TABS

Street Address (P.O. Box Numbers Not Acceptable)  
7601 ML King St N # B

City St Petersburg FL Zip Code 33702

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 *Shirley A. Tyler* 2-28-06

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

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ULBRICHT, PAUL R	6672 31ST ST S	ST PETERSBURG, FL 33712	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		900070463209	04/14/06--01056--005	**358.75	
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 names empowered.

SIGNATURE: *[Signature]* 1-24-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #