


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90344 008 ***158.75

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|---|--|--|--|--|--|
| DOCUMENT # P04000056554 1. Entity Name ULTRACARD INC | | | |  | |
| Principal Place of Business 4144 NORTH ARMENIA AVE., SUITE 300 TAMPA, FL 33607 | | | Mailing Address 4144 NORTH ARMENIA AVE., SUITE 300 TAMPA, FL 33607 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| TUCCARONE, CHRISTOPHER M 4144 NORTH ARMENIA AVE., SUITE 300 TAMPA, FL 33607 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | 4. FEI Number 20-0943818 | |
| SIGNATURE: <i>Christopher M. Tucciarone</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE: 4-15-05 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P TUCCARONE, CHRISTOPHER M 4144 NORTH ARMENIA AVE., SUITE 300 TAMPA, FL 33607 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <i>Christopher M. Tucciarone</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE: 4-15-05 813 977-7480 <small>Daytime Phone #</small> | |

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04132005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0943818

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

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: *Christopher M. Tucciarone*

DATE: **4-15-05**

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Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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