

P04000056554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

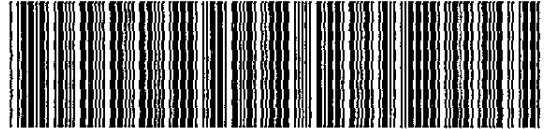
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TALLAHASSEE, FLORIDA

06 APR 25 PM 4:31

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UltraCard, Inc.

DOCUMENT NUMBER: P04000056554

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel E. Berman CPA

(Name of Contact Person)

Joel E. Berman CPA, PA

(Firm/Company)

9889 82nd Street N.

(Address)

Largo, Florida 33777

(City/State and Zip Code)

For further information concerning this matter, please call:

Joel E. Berman CPA

(Name of Contact Person)

at (727) 397-5328

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Ultracard Inc.

SECOND: The document number of the corporation (if known): P04000056554

THIRD: The date dissolution was authorized: 4/15/2006

Effective date of dissolution if applicable: 4/15/2006
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

Board of Directors

(voting group)

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Christopher Tucciarone

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

CLERK OF STATE
TALLAHASSEE, FLORIDA

06 APR 25 PM 4:31

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "**Notice of Corporate Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: UltraCard, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.

Description of information that must be included in a claim:

Name of claimant:

Description of claim being made:

Date that transaction or event occurred from which the claim is being made:

Documentation re: claim made i.e. invoices, contract, service agreement, and or substantiation of services performed or product received.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

UltraCard, Inc. C/O Christopher Tucciarone

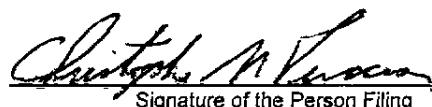
431 E. Central Blvd., Unit 905

Orlando, Florida 32801

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Christopher Tucciarone

Printed Name of the Person Filing



Signature of the Person Filing