

FILED
Apr 11, 2007 8:00 am
Secretary of State

[illegible]

DOCUMENT # P04000130521

1. Entity Name
ULBRICH PROPERTIES, INC.

Secretary of State

04-11-2007 90026 029 ***150.00

Principal Place of Business
9112 WOODRIDGE RUN DR
TAMPA, FL 33647

Mailing Address
9112 WOODRIDGE RUN DR
TAMPA, FL 33647

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03182007 Chg-P CR2E034 (12/06)

4. FEI Number
42-1645868

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ULBRICH, JEFFREY L
9112 WOODRIDGE RUN DR
TAMPA, FL 33647

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 3/30/07
Signature, typed or printed name of the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	PRES	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ULBRICH, JEFFREY L			NAME			
STREET ADDRESS	9112 WOODRIDGE RUN DR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Pres	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Mary Ulbrich		
STREET ADDRESS				STREET ADDRESS	9112 Woodridge Run Dr		
CITY-ST-ZIP				CITY-ST-ZIP	Tampa, FL 33647		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 3/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #