

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

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90049 020 ***150.00

DOCUMENT # **P93000075629**

1. Entity Name

Edward J. ULLMANN, JR



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10911 BONITA BEACH RD SE

Suite, Apt. #, etc.

2031

3. Mailing Address

10911 BONITA BEACH RD SE

Suite, Apt. #, etc.

2031

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34135

Country

USA

Zip

34135

Country

USA

4. FEI Number

65-0450452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

54028931

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LUMSDEN, DENNIS J. ESQ.

Street Address (P.O. Box Number is Not Acceptable)

6719 WINKLER RD.

Suite 121

City

FORT MYERS

FL

Zip Code

33919

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ULLMANN, EDWARD J. JR
STREET ADDRESS	10911 BONITA BEACH RD SE Suite 2031
CITY - ST - ZIP	BONITA SPRINGS, FL 34135

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward J. Ullmann, Jr. PA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04 **239 992-5773**
Date Daytime Phone #

CR2E034B (12/02)