


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90038 042 \*\*\*150.00

DOCUMENT # P94000049600	
1. Entity Name ULTRA MARKETING CONCEPTS, INC.	

Principal Place of Business 12700 VIA LUCIA BOYNTON BEACH, FL 33436	Mailing Address 12700 VIA LUCIA BOYNTON BEACH, FL 33436
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34003103

2. Principal Place of Business 9599 Campi Dr.	3. Mailing Address 9599 Campi Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01142004 Chg-P CR2E034 (10/03)

City & State Lake Worth FL	City & State Lake Worth FL
Zip 33467	Zip 33467
Country Palm Beach	Country Palm Beach

4. FEI Number 65-0506801	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHOENBERG, SUSAN 12700 VIA LUCIA BOYNTON BEACH, FL 33436	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9599 Campi Drive City Lake Worth FL Zip Code 33467
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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 <u>Susan Schoenberg</u> DATE <u>1/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENBERG, SUSAN 12700 VIA LUCIA BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9599 Campi Drive Lake Worth FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Susan Schoenberg</u> <u>Susan Schoenberg</u> <u>1/30/04</u> <u>966</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date Daytime Phone # <u>5956</u>
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Attachment



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

54003109

January 14, 2004

ULTRA MARKETING CONCEPTS, INC.  
12700 VIA LUCIA  
BOYNTON BEACH, FL 33436

SUBJECT: ULTRA MARKETING CONCEPTS, INC.  
Ref. Number: P94000049600

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 504A00002725