

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -5 PM 12:36

DOCUMENT # **P94000057234**

1. Corporation Name
ULTRABOX, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1994

4. FEI Number

65-0507189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOGARTY, EUGENE G
5827 17TH ST. EAST
UNIT C
BRADENTON FL 34203

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **P**
ADAM, CHARLES
STREET ADDRESS **5827 17TH ST. EAST**
CITY-ST-ZIP **BRADENTON FL 34203**

1.1 TITLE ☐ Change ☐ Addition

NAME **ADAM, CHARLES**
STREET ADDRESS **5827 17TH ST. EAST**
CITY-ST-ZIP **BRADENTON FL 34203**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **S**
GROSSNER, ANNA
STREET ADDRESS **5827 17TH ST. EAST**
CITY-ST-ZIP **BRADENTON FL 34203**

2.1 TITLE ☐ Change ☐ Addition

NAME **GROSSNER, ANNA**
STREET ADDRESS **5827 17TH ST. EAST**
CITY-ST-ZIP **BRADENTON FL 34203**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

300003280869--4
-06/08/00--01016--017
******150.00 ****150.00**

TITLE ☐ DELETE

NAME **T**
FOGARTY, EUGENE G.
STREET ADDRESS **5827 17TH ST. EAST**
CITY-ST-ZIP **BRADENTON FL**

3.1 TITLE ☐ Change ☐ Addition

NAME **FOGARTY, EUGENE G.**
STREET ADDRESS **5827 17TH ST. EAST**
CITY-ST-ZIP **BRADENTON FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Adam
Charles Adam

Date

4/20/2000

Daytime Phone #

941
751-2373