

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007509

1. Entity Name  
RICK UKMAR, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90071 011 \*\*\*158.75

Principal Place of Business Mailing Address  
710 SHILO RD 5831 CENTER RING RD.  
SARASOTA FL 34240 SARASTOA FL 34243-5610  
US

2. Principal Place of Business 3. Mailing Address  
5831 CENTER RING RD. SAME AS ABOVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
SARASOTA FLORIDA

Zip Country Zip Country  
34243-5610 USA

4. FEI Number 65-0638697 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
WEINER, NEVIN A  
46 N WASHINGTON BLVD STE 1  
SARASOTA FL 34236

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.

SIGNATURE *Julie UKmar* DATE 1-11-99  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
- Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UKMAR, RICHARD		NAME		
STREET ADDRESS	5831 CENTER RING ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UKMAR, FELICE		NAME	Julie UKmar	
STREET ADDRESS	5831 CENTER RING ROAD		STREET ADDRESS	5831 Center ring rd	
CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UKMAR, JULIE		NAME		
STREET ADDRESS	710 SHILO RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		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		
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julie UKmar* DATE 1-11-99 DAYTIME PHONE # 800-385-7875  
(Signature and typed or printed name of signing officer or director)