

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90090 043 ***150.00

FOR PROFIT CORPORATION
2002 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000007509

1. Entity Name

RICK UKMAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5831 Center Ring Road

Suite, Apt. #, etc.

3. Mailing Address

5831 Center Ring Road

Suite, Apt. #, etc.

City & State
Sarasota, Florida

City & State
Sarasota, Florida

Zip
34243

Country
USA

Zip
34243

Country
USA

4. FEI Number
65-0638697

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

03056555

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent:

Name
Doerr, Kenneth D.

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

240 South Pineapple Avenue, 10th Floor

City
Sarasota FL Zip Code
34236

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 Kenneth D. Doerr Kenneth D. Doerr

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

(NOTE: Registered Agent signature required when resigning.)

3/19/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Ukmar, Richard
5831 Center Ring Road
Sarasota, Florida 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Ukmar, Julie
5831 Center Ring Road
Sarasota, Florida 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE: Rick Ukmar, Pres,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Daytime Phone #

CR2E034B (12/01)