

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90062 036 ***158.75

DOCUMENT # P95000064419

1. Entity Name
ULTIMATE FLAVOR, INC.

Principal Place of Business

Mailing Address

3320 7TH ST CIR W
 PALMETTO FL 34221
 US

PO BOX 1843
 PALMETTO FL 34220
 US

2. Principal Place of Business

3. Mailing Address

2550 7th St. Circle E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ellenton, FL

4. FEI Number **65-0603692**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

Zip

Country

Zip

Country

34222

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Arrigo, Vince

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

2550 7th St. Circle East

City

Ellenton

FL

Zip Code

34222

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
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 **PD** ☐ Delete
 NAME **ARRIGO, VINCE**
 STREET ADDRESS **3320 7TH STREET CIRCLE WEST**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Arrigo, Vince**
 STREET ADDRESS **2550 7th St. Circle East**
 CITY-ST-ZIP **Ellenton, FL. 34222**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Vince Arrigo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

941-722-8518

Daytime Phone #

CR2E034 (10/00)