

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027534

1. Entity Name

ULTIMATE SURFACES UNLIMITED, INC.

(R)

Principal Place of Business

3167 ST. JOHN'S BLUFF RD.
SUITE 202
JACKSONVILLE FL 32246

Mailing Address

2955 HARTLEY RD.
SUITE 204
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3373262

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, ANTHONY
3167 ST. JOHN'S BLUFF RD.
SUITE 202
JACKSONVILLE FL 32246

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DPST
PRICE, ANTHONY D
3167 ST. JOHN'S BLUFF RD. S
JACKSONVILLE FL 32246

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
KENT, PHILIP
3167 ST. JOHN'S BLUFF RD. S
JACKSONVILLE FL 32246

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony D. Price

9-4-00

CR2E034 (500)



DO NOT WRITE IN THIS SPACE