

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90008 017 ***150.00

DOCUMENT # P96000090956

1. Entity Name
ULLRICH, INC.

Principal Place of Business
318 RACETRACK RD NW
FORT WALTON BEACH FL 32547

Mailing Address
318 RACETRACK RD NW
FORT WALTON BEACH FL 32547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3438316**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HELMICH, KEVIN M
34851 EMERALD COAST PKWY
DESTIN FL 32540

Kevin M. Helmich, Esq.
4481 Legendary Drive
Suite 200
Destin, FL 32541

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ULLRICH, RICHARD E	
STREET ADDRESS	817 KELL-AIRE CT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULLRICH, PAMELA L	
STREET ADDRESS	817 KELL-AIRE CT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULLRICH, CHADWICK D	
STREET ADDRESS	817 KELL-AIRE CT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULLRICH, JOSHUA F	
STREET ADDRESS	817 KELL-AIRE CT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ullrich, Richard E.	
STREET ADDRESS	314 Brooks St. SE.	
CITY-ST-ZIP	Ft Walton Beh. FL 32548	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ullrich, Pamela L.	
STREET ADDRESS	314 Brooks St. SE.	
CITY-ST-ZIP	Ft Walton Beh. FL 32548	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ullrich, Chadwick D.	
STREET ADDRESS	1892 Greystone Ln.	
CITY-ST-ZIP	Ft Walton Beh. FL 32547	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ullrich, Joshua F.	
STREET ADDRESS	234 Bradley Dr. N.E.	
CITY-ST-ZIP	Ft Walton Beh. FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02 850-862-8212

CR2E034 (9/01)