

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

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

05-02-2002 90050 017 ***150.00

DOCUMENT # ✓
1. Entity Name
P97000041670
Ultimate Lifts, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
260-A-100 Business Parkway

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Royal Palm Beach, FL

City & State

Zip Country
33411 USA

4. FEI Number
65-0808413

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Larry Meyer

Street Address (P.O. Box Number is Not Acceptable)
14984 Oatland Court

City
Wellington FL Zip Code
33414

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)

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	President/Treasurer Lawrence E. Meyer 14984 Oatland Ct., Wellington, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peter Petrone, Vice Pres/Sec. 14965 Oatland Court Wellington, FL 33414	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence E. Meyer* / *PA Petrone* 4-17-02 561-795-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)