

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90095 014 ***150.00

DOCUMENT # P97000043576

1. Entity Name
ULTRA CLAIMS, INC.



Principal Place of Business
**140 37TH AVE NE
ST PETERSBURG FL 33704**

Mailing Address
**140 37TH AVE NE
ST PETERSBURG FL 33704**

2. Principal Place of Business
225 29th Ave N
Suite, Apt. #, etc.

3. Mailing Address
225 29th Ave N
Suite, Apt. #, etc.

City & State
St. Petersburg, FL
Zip
33704 Country
USA

City & State
St. Petersburg, FL
Zip
33704 Country
USA

4. FEI Number
59-3447595

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MACINTYRE, WILLIAM H
140 37TH AVE NE
ST PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **MACINTYRE, WILLIAM H**
STREET ADDRESS **140 37TH AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL 33704**

☐ Delete
ULTR140 337042221 1B02 15 01/06/03
NOTIFY SENDER OF NEW ADDRESS
ULTRA CLAIMS INC
225 29TH AVE N
SAINT PETERSBURG FL 33704-2942
☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Delete
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☐ Delete
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X [Signature]** **01-28-03** **727 821 5033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)