

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000075273**

1. Entity Name

THE ULTIMATE LOOK, INC.**FILED****Apr 04, 2001 8:00 am**
Secretary of State

04-04-2001 90111 006 ***150.00

Principal Place of Business

**15200 SOUTH U. S. 41
PLYMOUTH CENTER, SUITE 105
FORT MYERS FL 33908**

Mailing Address

**15200 SOUTH U. S. 41
PLYMOUTH CENTER, SUITE 105
FORT MYERS FL 33908**

2. Principal Place of Business

15250 South US 41

3. Mailing Address

15250 South US 41

Suite, Apt. #, etc.

Regal Plaza, Suite C-1

Suite, Apt. #, etc.

Regal Plaza, Suite C-1

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33908

Country

Lee

Zip

33908

Country

Lee4. FEI Number **65-0828231**

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

**RUVOLO, MICHAEL J
14391 HAMPTON LAKES COURT
FORT MYERS FL 33908**

Name

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

7280 TWIN EAGLE LANE

City

FORT MYERS**FL**Zip Code
33912

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RUVOLO, MICHAEL J**
STREET ADDRESS **14391 HAMPTON LAKES COURT**
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Michael J. Ruvo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01

Date

941/4891986

Daytime Phone #

CR2E034 (10/00)