

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Entity Name

ULTIMATE CARPENTRY INC.

P 97000094599

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90135 026 ***150.00

Principal Place of Business

Mailing Address

268 NW 40th TERRACE
DEERFIELD BEACH, FL. 33442

720146

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0796810

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

Name

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

City

FL

Zip Code

HARRY L. BAILEY

268 NW 40th TERR.
DEERFIELD BCH, FL.

33442

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PRESIDENT
NAME	HARRY L. BAILEY
STREET ADDRESS	268 NW 40th TERRACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

Harry L. Bailey

4/17/2000

954-418-0075

CR2E034 (9/99)