

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90010 011 ***150.00

0316296 AV

DOCUMENT # P98000031081
 1. Entity Name
ULTIMATE TRUCK & VAN ACCESSORIES, INC.

Principal Place of Business Mailing Address
601 W. OAKLAND PARK BLVD. STE. 12 **601 W. OAKLAND PARK BLVD. STE. 12**
OAKLAND PARK FL 33311 **OAKLAND PARK FL 33311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2300 N.W. CORPORATE Blvd. **2300 N.W. CORPORATE Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#141 **#141**

City & State City & State
BOCA RATON, FL **BOCA RATON, FL**
 Zip Country Zip Country
33431 **U.S.** **33431** **U.S.**

4. FEI Number Applied For
68-0825212 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KRAVITZ, KEITH M
601 W. OAKLAND PARK BLVD., STE. 12
OAKLAND PARK FL 33311

7. Name and Address of New Registered Agent
 Name
KEITH M. KRAVITZ
 Street Address (P.O. Box Number is Not Acceptable)
2300 N.W. CORPORATE Blvd. #141
 City State Zip Code
BOCA RATON **FL** **33431**

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 **KEITH M. KRAVITZ** *Keith Kravitz* DATE **4-15-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAVITZ, KEITH M	NAME	
STREET ADDRESS	601 W. OAKLAND PARK BLVD, STE. 12	STREET ADDRESS	2300 N.W. CORPORATE Blvd. #141
CITY-ST-ZIP	OAKLAND PARK FL 33311	CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELUSO, MICHAEL R	NAME	
STREET ADDRESS	601 W. OAKLAND PARK BLVD., STE. 12	STREET ADDRESS	2300 N.W. CORPORATE Blvd. #141
CITY-ST-ZIP	OAKLAND PARK FL 33311	CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** *Keith Kravitz* DATE **4.15.02** DAYTIME PHONE # **561.995.0199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)