2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # P98000044716 ULTIMATE ELECTRIC, INC. 05-17-2000 90949 030 ***150.00 Mailing Address Principal Place of Business 803 SELKIRK STREET 803 SELKIRK STREET WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405-3137 SPIGG3 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0835939 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired - Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Von Schm, Hou, ERIC VON SCHRITTLOU, ROBYN A Street Address (P.O. Box Number is Not Acceptable) 803 Schkick 803 SELKIRK ST WEST PALM BEACH FL 33405 <u>33%05</u> 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 4-27-2000 Eric Von Schmittan 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS PDST Change Addition PDST Delete TITLE TITLE VonSchmitten, ERIC R. 803 Schrick STREET SCHMITTOU, ROBIN A NAME NAME STREET ADDRESS STREET ADDRESS 803 SELKIRK STREET WEST PALM BEACH FL CITY-ST-ZIP 33405 CITY-ST-ZIP **WEST PALM BEACH FL 33405** ☐ Change ☐ Addition TITLE Delete TITLE SCHMITTOU, ERIC R NAME STREET ADDRESS STREET ADDRESS **803 SELKIRK STREET** CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.