

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90082 030 \*\*\*150.00

**DOCUMENT # P98000075857**

1. Entity Name  
**ULTIMA AUTOMOTIVE, INC.**

Principal Place of Business

Mailing Address

~~6803 INDUSTRIAL AVE.~~  
~~PORT RICHEY FL 34668~~

~~6803 INDUSTRIAL AVE.~~  
~~PORT RICHEY FL 34668~~

2. Principal Place of Business

**8310 CONGRESS STREET**

3. Mailing Address

**8310 CONGRESS ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Port Richey FL**

City & State

**Port Richey, FL**

Zip

**34668**

Country

**USA**

Zip

**34668**

Country

**USA**

4. FEI Number

**59-3533183**

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

**MACCHIO, DENISE J**

~~6803 INDUSTRIAL AVE.~~ **8310 congress Street**  
**PORT RICHEY FL 34668**

Name

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

**8310 CONGRESS Street**

City

**Port Richey**

**FL**

Zip Code

**34668**

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

*Denise Macchio*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/01**

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 **MACCHIO, DENISE J**  
 STREET ADDRESS **6803 INDUSTRIAL AVE.**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
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TITLE  Change  Addition  
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TITLE  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:

*Denise Macchio*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/24/01**

Daytime Phone #

**(727) 845 4200**

CR2E034 (10/00)