2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035214

1. Entity Name

ULTIMA THULE, INC.

Principal Place of Business

6101 34TH STREET WEST UNIT 25G BRADENTON FL 34210

Mailing Address

6101 34TH STREET WEST UNIT 25G **BRADENTON FL 34210**

FILED Sep 13, 2000 8:00 am Secretary of State

09-13-2000 90025 025 ***550.00

A0077626



						BB (118) B(118 118 B) 11811 B) B) 1881	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			FEI Number 5-0914180	Applied For Not Applicable	
Zip	Country	Zip	Country	~- }	Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	7. Name and Address of New Registered Agent					
MUELLER, WILLIAM G				Name 65-09-14180 Vicki Followell			
- 6101 34TH STREET WEST UNIT 25G BRADENTON FL 34210			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
			3737 B MANATER AUR. WEST				
\$		CINBradenton. FL 34205					
5. The above SECTION SIGNATURE,	named entity submits this statement for the stat	SMu	gistered office or r	~	_		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FEE IS \$550.00 2000 Min. will b to Department	e \$750.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11.	12.	AD	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, WILLIAM G 6101 34TH STREET WEST UNIT BRADENTON FL 34210	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE	D	□ Delete	-TITI F			☐ Change ☐ Addition	

MUELLER, PAMELA G NAME STREET ADDRESS 6101 34TH STREET WEST UNIT 25G STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition 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

SIGNATURE:

Daytime Phone #