

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90059 014 ***150.00

DOCUMENT # S26899

1. Entity Name

ULLIAN MOTOR SALES, INC.



Principal Place of Business

5257 FOUNTAINS DRIVE S. #301
LAKE WORTH FL 33467

Mailing Address

5257 FOUNTAINS DRIVE S. #301
LAKE WORTH FL 33467



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-1919340**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

LAZARUS, RALPH
5257 FOUNTAINS DRIVE SOUTH
UNIT 301
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

*paid it later
ch # 2774*

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAZARUS, RALPH	
STREET ADDRESS	5257 FOUNTAINS DR S 301	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAZARUS, BARBARA U.	
STREET ADDRESS	5257 FOUNTAINS DR S 301	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAZARUS, NORMAN F.	
STREET ADDRESS	90 HIGH ROCK TERRACE	
CITY - ST - ZIP	NEWTON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAZARUS, SAMUEL	
STREET ADDRESS	59 CLAPP ST	
CITY - ST - ZIP	STOUGHTON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAZARUS, ROBERT U.	
STREET ADDRESS	59 CLAPP ST.	
CITY - ST - ZIP	STOUGHTON MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ralph Lazarus

RALPH LAZARUS

1/24/07 561967 8459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #