

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S26899

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: ULLIAN MOTOR SALES, INC.

## Current Principal Place of Business:

5257 FOUNTAINS DRIVE S. #301  
LAKE WORTH, FL 33467

## New Principal Place of Business:

## Current Mailing Address:

5257 FOUNTAINS DRIVE S. #301  
LAKE WORTH, FL 33467

## New Mailing Address:

FEI Number: 04-1919340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LAZARUS, RALPH,  
Address: 5257 FOUNTAINS DR S 301  
City-St-Zip: LAKE WORTH, FL

Title: S (X) Delete  
Name: LAZARUS, BARBARA U.,  
Address: 5257 FOUNTAINS DR S 301  
City-St-Zip: LAKE WORTH, FL

Title: D ( ) Delete  
Name: LAZARUS, NORMAN F.,  
Address: 90 HIGH ROCK TERRACE  
City-St-Zip: NEWTON, MA

Title: D ( ) Delete  
Name: LAZARUS, SAMUEL  
Address: 59 CLAPP ST.  
City-St-Zip: STOUGHTON, MA 02072

Title: D (X) Delete  
Name: LAZARUS, ROBERT U.,  
Address: 59 CLAPP ST.  
City-St-Zip: STOUGHTON, MA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LAZARUS, RALPH,  
Address: 5257 FOUNTAINS DR S 301  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LAZARUS, NORMAN F.,  
Address: 90 HIGH ROCK TERRACE  
City-St-Zip: NEWTON, MA 02467

Title: D (X) Change ( ) Addition  
Name: LAZARUS, SAMUEL  
Address: 250 HAMMOND POND PKWY. 209N  
City-St-Zip: CHESTNUT HILL, MA 02467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH LAZARUS

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date