2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90007 015 ***150.00

DOCUMENT # 284226

1. Entity Name
FCUL SERVICE GROUP, INC.

Principal Place of Business	Mailing Address
3773 COMMONWEALTH BLVD. P O BOX 3108 TALLAHASSEE FL 32315-0108	3773 COMMONWEALTH BLVD. P O BOX 3108 TALLAHASSEE FL 32315-0108

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1086132 ☐ 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
HOOD, GUY M. 3773 COMMONWEALTH BLVD. TALLAHASSEE FL 32303	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRADDOCK, BILL 101 BELL TAL WAY JACKSONVILLE FL 32216	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOOD, GUY M. 3773 COMMONWEALTH BLVD. TALLAHASSEE, FL 00000	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO BESKOVOYNE, BOB 1727 ORLANDO CENTRAL PKWY ORLANDO FL 32809	☒ Delete	CO GARCIA, LAIDA 3333 HENDERSON BLVD. TAMPA, FL 33609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WERNICKE, PATRICIA 3695 NORTH L. STREET PENSACOLA FL 32505	☒ Delete	SD DOUGLASS, TAMARA 3087 N. ALAFAYA TRAIL ORLANDO, FL 32826	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC FISHER, BOB 6701 DALE MABRY HWY S TAMPA FL 33611-5109	☒ Delete	VC OWEN III, LYNN 206 HILLCREST STREET ORLANDO, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: SIGNATURE REQUIRED Guy M. Hood Guy M. Hood Jan 8, 2002 850-576-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)