## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 10, 2001 8:00 am Secretary of State DOCUMENT # P98000068852 FULLER, YAUN AND BLACK ADVERTISING, INC. 05-10-2001 90224 044 \*\*\*150.00 Mailing Address Principal Place of Business 1588 METROPOLITAN BLVD 1588 METROPOLITAN BLVD SUITE A-1 SUITE A-1 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3533089 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLACK, B'E Street Address (P.O. Box Number is Not Acceptable) 1903 VINEYARD WAY TALLAHASSEE FL 32311 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition **VDS** TITLE ☐ Delete TITLE FULLER, DALE E NAME NAME STREET ADDRESS 311 SWEETBRIAR DRI STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32312 ☐ Addition TITLE Change **VDC** ☐ Delete TITLE YAUN, GLORIA M NAME STREET ADDRESS STREET ADDRESS RT 1. BOX 203-B CITY-ST-ZIP CITY-ST-ZIP MONTICELLO FL 32344 Change ☐ Addition ☐ Delete TITLE NAME BLACK, B E NAME STREET ADDRESS STREET ADDRESS 1903 VINEYARD WAY. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 Change ☐ Addition TITLE SD Delete FULLER, DALE E NAME NAME STREET ADDRESS STREET ADDRESS 311 SWEETBRIARD DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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