

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038172

1. Entity Name
FULLER GROUP OF NORTHWEST FLORIDA, INC.

Principal Place of Business
153 HENDERSON DRIVE
CRESTVIEW FL 32539

Mailing Address
153 HENDERSON DRIVE
CRESTVIEW FL 32539

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

56-2247905

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

PALMER, RAYMOND B
913 GULF BREEZE PKWY STE 41
GULF BREEZE FL 32581

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

PST
FULLER, THEODORE D
153 HENDERSON DRIVE
CRESTVIEW FL 32539

☐ Delete

TITLE
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☐ 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:

THEODORE D FULLER PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 682-8833
Date Daytime Phone #

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-27-2002 90390 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)