FILED
May 27, 2003 8:00 am
Secretary of State
05-05-2003 90315 001 ***150.00

5/5/2003-

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038172

. 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

[X] CHECK HERE IF MAKING CHANGES

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

PALMER, RAYMOND B
913 GULF BREEZE PKWY STE 41
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name: Fuller, Theodore D
Street Address (P.O. Box Number is Not Acceptable): 153 Henderson Drive
City: Crestview FL Zip Code: 32539

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 ________ 5/22/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST FULLER, THEODORE D 153 HENDERSON DRIVE CRESTVIEW FL 32539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Fuller, Theodore D 153 Henderson Drive Crestview, FL 32539	[X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Fuller, Teri M 153 henderson Drive Crestview, FL 32539	☐ Change [X] Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Teri M Fuller 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #