

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90339 003 ***150.00

DOCUMENT # 427107

1. Entity Name

CULLISON-WRIGHT CONSTRUCTION CORP

Principal Place of Business

**112 N E 12TH ST
PO BOX 2496
OCALA FL 34478**

Mailing Address

**112 N E 12TH ST
PO BOX 2496
OCALA FL 34478**

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

59-1441025

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

**CULLISON, JERRY B.
112 NE 12TH ST.
OCALA FL 32670**

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 **PD** ☐ Delete
NAME **CULLISON, JERRY**
STREET ADDRESS **1403 S.E. FT. KING**
CITY-ST-ZIP **OCALA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **CULLISON, VIRGINIA**
STREET ADDRESS **2800 NW 44TH AVE**
CITY-ST-ZIP **OCALA FL 34482**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **MANSFIELD, SANDRA CULLIS**
STREET ADDRESS **2875 S.E. 34TH STREET**
CITY-ST-ZIP **OCALA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **COBB, LORA**
STREET ADDRESS **6 CEDAR TRACE WAY**
CITY-ST-ZIP **OCALA FL 34472**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **CULLISON, SARA**
STREET ADDRESS **1043 SE FT KING**
CITY-ST-ZIP **OCALA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **MANSFIELD, BARRY**
STREET ADDRESS **2875 SE 34TH STREET**
CITY-ST-ZIP **OCALA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JERRY B. CULLISON, President

4/15/02 (352) 529-9572

Date

Daytime Phone #

CR2E034 (9/01)