

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90018 022 \*\*\*150.00

**DOCUMENT #** 427107

1. Entity Name

CULLISON-WRIGHT CONSTRUCTION CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
112 NE 12th St.

3. Mailing Address  
112 NE 12th St. PO Box 2496

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Fl.

City & State

Ocala, Fl.

4. FEI Number

59-1441025

Applied For

Not Applicable

Zip  
34470

Country

Zip  
34478

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**54038875**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Jerry B. Cullison

Street Address (P.O. Box Number is Not Acceptable)  
112 NE 12th St.

City  
OCALA FL Zip Code  
34470

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULLISON, JERRY 1403 S.E. FT. KING OCALA, FL. 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CULLISON, VIRGINIA 1403 S.E. Ft. King Ocala, FL. 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANSFIELD, SANDRA CULLISON 2875 S.E. 34TH STREET OCALA, FL. 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COBB, LORA 17 NE 170TH CT. SILVER SPRINGS, FL. 34488	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CULLISON, SARA 2800 NW 44TH AVE. OCALA, FL. 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANSFIELD, BARRY 2875 SE 34TH ST. OCALA, FL. 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

Daytime Phone #

CR2E034B (12/02)