2001	UNIFORM	BUSINESS	REPORT	(UBR)
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SIGNATURE: STANLING MINISTER SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L0000013704 1. Entity Name FULTON ENTERPRISES, LLC					FILED OI MAY 25 AM 8: 58				
Principal Place of Business Mailing Address 910 HARBOUR DR. 910 HARBOUR DR. KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
D. Delevis at D	4	O Male	·						
2. Principal Place of Business 3. N		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State	е	City & State	ity & State		4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate of t	Status Desired	\$5.00 Add	ditional	1	
	6. Name and Address of Current R	egistered Agent		7. Name and Ad	Idress of New Registere			1.	
KTGRS D	EGISTERED AGENT CORPORATION		Name			 .			
100 S.E. 2ND ST., 28TH FLOOR			Street Address ((P.O. Box Number is Not Acceptable)				
/ MIAMI FL 33131					•				
			City	City FL Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or regis	tered agent, or both, i	n the State of Florida.				
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE)	Registered Agent signature requi	rad when minutation)	DATE				
			WIII_FEE-IS-\$50.0 vable to Department	,				-	
9.	MANAGING MEMBER		1 10.		ADDITIONS/CHANG			_ ا	
TITLE NAME STREST ADDRESS CITY-ST-ZIP	STANLEY tulto. 910 HARBOR Kly Biscar	DRWI DRWI DL VI 3314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· <u>.</u>	· <u>· · · · · · · · · · · · · · · · · · </u>	Change	☐ Addition	E083 (11/00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	40	0000441 -06/14/01- *****50.6	□ Change 8764 01005	Addition .—.5	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	.:	******58.E	計算 ☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-Z		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
NAME		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		~	Change	Addition		
11. I hereby c	ertify that the information supplied with the on this report is true and accurate and the supplied with the supplier of the su	his filing does not qualify for that my signature shall have the	the exemption stated in the same legal effect as if	Section 119.07(3)(i), F made under oath; the	lorida Statutes. I further of at I am a managing mem	certify that the in	nformation er of the		

Date

Daytime Phone #