FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # L01000011131 1. Entity Name 04-02-2002 90981 006 ****55.00 FULTON CAPITAL, LLC Principal Place of Business Mailing Addres 802 N.W. 23RD AVENUE 802 N.W. 23RD AVENUE GAINESVILLE FL 32609 GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address P.O. Box 14025 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Gainesville 59 -Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VASSAR, W.F. JR. Street Address (P.O. Box Number is Not Acceptable) 802 N.W. 23RD AVENUE **GAINESVILLE FL 32609** Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM (9/01) TIT) F Change X Addition W.F. VASSAR, JR. NAME NAME BOZ N.W. 23 Avenue **CR2E083** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32609 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -□ Detete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME **STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.