

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90151 043 \*\*\*\*50.00

**DOCUMENT # L02000011483**

1. Entity Name  
**FULBRIGHT, LLC**



Principal Place of Business

Mailing Address

~~7491 CONROY WINDERMERE ROAD~~  
~~SUITE A~~  
~~ORLANDO FL 32835~~  
~~US~~

~~7491 CONROY WINDERMERE ROAD~~  
~~SUITE A~~  
~~ORLANDO FL 32835~~  
~~US~~

2. Principal Place of Business

**443 Tierra Verde Lane**  
Suite, Apt. #, etc.

3. Mailing Address

**443 Tierra Verde Lane**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Winter Garden, FL**  
Zip  
**34787**  
Country  
**US**

City & State  
**Winter Garden, FL**  
Zip  
**34787**  
Country  
**US**

4. FEI Number  
**45-0478136**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FULBRIGHT, JOHN T**  
~~7491 CONROY WINDERMERE ROAD~~  
~~SUITE A~~  
~~ORLANDO FL 32835~~

Name  
**Fulbright, John T.**  
Street Address (P.O. Box Number is Not Acceptable)

**443 Tierra Verde Lane**

City  
**Winter Garden** **FL** Zip Code  
**34787**

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

*John T. Fulbright*

**3/14/03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE <b>President</b>	<input type="checkbox"/> Delete
NAME <b>John T. Fulbright</b>	
STREET ADDRESS <b>443 Tierra Verde Lane</b>	
CITY-ST-ZIP <b>Winter Garden, FL 34787</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

*John T. Fulbright*

**3/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)