LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

01-22-2003 90086 045 ****50.00
L02000032172

DOCUMENT # L02000032172

1. Entity Name

Fulton Trust, LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2. Principal Place of Business	3. Mailing Address
802 N.W. 23rd Ave.	P.O. Box 358515
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32609 Country: USA	Zip: 32635 Country: USA

4. FEI Number: 55-0808788 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: W.F. Vassar Jr.

Street Address (P.O. Box Number is Not Acceptable): 802 N.W. 23rd Avenue

City: Gainesville FL Zip Code: 32609

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM W.F. Vassar, Jr. 802 N.W. 23rd Avenue Gainesville, FL 32609
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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: W.F. Vassar Jr. (W.F. Vassar Jr.) Jan. 14 2003 352.335.2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #