## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P0000039929 1. Entity Name ROBERT FULTON, INC. 05-01-2001 90115 007 \*\*\*150.00 Principal Place of Business Mailing Address 1307 CONGRESSIONAL WAY 1307 CONGRESSIONAL WAY DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 00043505 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Certificate of Status Desired П owa, p Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **FULTON, ROBERT** Street Address (P.O. Box Number is Not Acceptable) 1307 CONGRESSIONAL WAY **DEERFIELD BEACH FL 33442** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing 2 3 \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-11. OFFICERS AND DIRECTORS 12. ☐ Delete TITI F ☐ Change ☐ Addition TITLE FULTON, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1307 CONGRESSIONAL WAY CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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-ZIP ☐ Change Addition TITLE Delete TITLE 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-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #