

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90037 013 \*\*\*150.00

**DOCUMENT # P00000045965**

1. Entity Name

**FULLER MASONRY, INC.**

Principal Place of Business

**1140D PARKSIDE GREEN DR  
WEST PALM BEACH FL 33415**

Mailing Address

**1140D PARKSIDE GREEN DR  
WEST PALM BEACH FL 33415**

2. Principal Place of Business

3. Mailing Address

**9180 Palladium Place**

**1721 SW 8th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake Worth FL**

City & State

**OKeechobee FL**

Zip

**33467**

Country

**Palm Beach**

Zip

**34974**

Country

**OKeechobee**

4. FEI Number

**65-1012240**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FULLER, STEVE**

**1140D PARKSIDE GREEN DR  
WEST PALM BEACH FL 33415**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FULLER, STEVE</b>	
STREET ADDRESS	<b>1140D PARKSIDE GREEN DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/T/D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1721 SW 8th St</b>	
CITY-ST-ZIP	<b>OKeechobee FL 34974</b>	
TITLE	<b>D/VP/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fuller, Bobbie L.</b>	
STREET ADDRESS	<b>1721 SW 8th St</b>	
CITY-ST-ZIP	<b>OKeechobee FL 34974</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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.

SIGNATURE:

**Steve Fuller**

**Steve Fuller**

**4-23-01 (561)407-7552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)