

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90037 006 ***150.00

DOCUMENT # P00000074297

1. Entity Name

FULFORD ENTERPRISES OF DIXIE COUNTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PINEWOOD + ROLLISON ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CROSS CITY, FL

City & State

4. FEI Number

59-3676109

Applied For

Not Applicable

Zip

32628

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JERRY L. FULFORD

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

PINEWOOD + ROLLISON ST.

City

CROSS CITY

FL

Zip Code

32328

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25
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

TITLE	DP
NAME	JERRY L FULFORD
STREET ADDRESS	PINEWOOD + ROLLISON ST
CITY - ST - ZIP	CROSS CITY, FL 32628
TITLE	ST
NAME	LELA E FULFORD
STREET ADDRESS	PINEWOOD + ROLLISON ST.
CITY - ST - ZIP	CROSS CITY, FL 32628
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Jerry Fulford Jerry Fulford

4/29/02 813-719-7947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)