FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 22 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107374

1. Entity Name: fullonderists inc.

DO NOT WRITE IN THIS SPACE

980764

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1411 Woodward st	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State
Zip: 32803-4110 Country: U.S.	Zip Country

4. FEI Number: 59-3679728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sean C Armstrong

Street Address (P.O. Box Number is Not Acceptable): 1411 Woodward st

City: Orl. FL Zip Code: 32803-4110

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sean C. Armstrong 1411 Woodward St Orl. FL 32803-4110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700001849995?-5 10/22/02--01011--0 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E038 (12/01)

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: _____ 9-11-02 407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/24/02

Florida Department of Revenue
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: U.B.R. for 59-3679778

To Whom it May

This letter is to state that I am filing my U.B.R. late due to my not receiving either the initial notice nor the late filing notification. What became of these documents is unclear, but I am sending the initial fee of $150 and this letter in the hopes you will waive the late fee. I spoke to a representative on the phone and she informed me of the correct filing dates, and I will keep this date marked for future filings.

I thank you for your time.

Sean C. Armstrong
fullonderists inc.
59-3679778