

FILED  
May 24, 2002 8:00 am  
Secretary of State

05-24-2002 91352 007 \*\*\*158.75

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

DOCUMENT # **P01000004868**

1. Entity Name

**FULL 100 INVESTMENTS INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**14220 HARPERS FERRY ST.**

3. Mailing Address

**14220 HARPERS FERRY ST.**

DO NOT WRITE IN THIS SPACE

City & State

**DAVIE FL.**

City & State

**DAVIE FL.**

4. FEI Number

**65-1068792**

Applied For

Not Applicable

Suite, Apt. #, etc.

ST.

Suite, Apt. #, etc.

Zip

Country

**USA**

Zip

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**MAURICE STEWART**

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

**14220 HARPERS FERRY ST**

City

**DAVIE**

**FL**

Zip Code

**33025**

**DO NOT WRITE  
IN THIS SPACE**

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

*Maurice Stewart*

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

(NOTE: Registered Agent Signature required when reinstating)

**5/1/02**

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 \$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

**P**

**MAURICE STEWART  
14220 HARPERS FERRY ST  
DAVIE FL. 33025**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D**

**RUBEN TURNER  
14220 HARPERS FERRY ST  
DAVIE FL. 33025**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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:

*Maurice Stewart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/02**

DATE

Daytime Phone #

CR2E034B (12/01)