

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031290

Entity Name
TAMMY S. FULLERTON INS. INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90135 007 ***150.00

Principal Place of Business

PO BOX 517
PALATKA FL 32178

Mailing Address

PO BOX 517
PALATKA FL 32178



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4255 US 1 South #14

3. Mailing Address

4255 US 1 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#14

City & State

St Augustine FL

City & State

St Augustine FL

4. FEI Number

59-3706212

Applied For

Not Applicable

Zip

32086

Country

US

Zip

32086

Country

US

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

FULLERTON, TAMMY S
134 LATESHA TERCE
PALATKA FL 32177

Name

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

City

FL

Zip Code

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

Tammy S. Fullerton Pres.

2-10-02

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, 2002 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

1. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FULLERTON, TAMMY S	
STREET ADDRESS	PO BOX 517	
CITY-ST-ZIP	PALATKA FL 32178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Fullerton, Tammy S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4255 US 1 South #14	
STREET ADDRESS	St Augustine, FL 32086	
CITY-ST-ZIP	President	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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:

Tammy S. Fullerton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02 904-797-9710

Date

Daytime Phone #

CR2E034 (9/01)