2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031290

1. Entity Name

TAMMY S. FULLERTON INS. INC.



FILED Sep 18, 2003 8:00 am Secretary of State

09-18-2003 90030 032 ***550.00

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City & State Country Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required		·								
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fill ERTON, TAMMY S 134 LATESHA TERRCE PALATKA FI. 32177 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. I am familiar with, and accept the holipations of registered agent. SIGNATURE Sprantin, report or prince rame of registered agent. SIGNATURE Sprantin, report or prince rame of registered agent. SIGNATURE Sprantin, report or prince rame of registered agent. SIGNATURE Sprantin, report or prince rame of registered agent. SIGNATURE Sprantin, report or prince rame of registered agent. SIGNATURE Sprantin, report or prince rame of registered agent. SIGNATURE Sprantin, report or prince rame of registered agent. SIGNATURE Sprantin, report or prince rame of registered agent. SIGNATURE Sprantin, report or prince rame of registered agent. OCTE Registered Agent, or both, in the State of Florida. I am familiar with, and accept the help of the control of registered agent, or both, in the State of Florida. I am familiar with, and accept the help of registered agent, or both, in the State of Florida. I am familiar with, and accept the help of registered agent, or both, in the State of Florida. I am familiar with, and accept the help of registered agent, or both, in the State of Florida. I am familiar with, and accept the help of registered agent, or both, in the State of Florida. I am familiar with, and accept the help of registered agent, or both, in the State of Florida. I am familiar with, and accept the help of registered agent, or both, in the State of Florida. I am familiar with, and accept the help of registered agent, or both, in the State of Florida. I am familiar with, and accept the help of registered agent, or both, in the State of Florida. I am familiar with, and accept the help of registered agent, or both, in the State of Florida. I am familiar with, and accept the help of registered age	City & Stat	e	Cit	City & State			4. FEI Number 59-3706212		<u> </u>	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	CHAICETO	N. TANBU A			Name					
City FL Zip Code		• •	,	Street Address			(P.O. Box Number is Not Acceptable)			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature the purpose of change Change Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature the purpose of change Change Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of change Change Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the pur	PALATKA FL 32177									
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12... 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 10 or Block 11 if changed, or on an attachment fifth an address, with all other like tempowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

9-15-5

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