2003 FOR PROFIT CORPORATION

FILED Apr 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000054278 DOCUMENT # 1. Entity Name 04-02-2003 90038 010 ***150.00 T.L. FULTON CONSTRUCTION, INC. Principal Place of Business Mailing Address 2575 W. 80TH ST. 2575 W. 80TH ST. HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address BOVE SAHE AS SEOVE SAME AS Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-1114760 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FULTON, TERRY'L" Street Address (P.O. Box Number is Not Acceptable) 6860 QUEEN PALM TERR. MIAMI LAKES FL 33014 Zip Code City 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. 3/12·03 FULTON (NOTE: Registered Agent sign FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PEG. TEEASURY ☐ Addition ☐ Defete TITLE Change TITLE FULTON, TETELY 6800 QUEEN FALM TERPACE **FULTON, TERRY** NAME NAME 6860 QUEEN PALM TERR. STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33014 MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP Sec. Addition **VS** ☐ Change TITLE □ Delete TITLE FULTON, NELCYS NAME NAME GO QUEEN PAUM TERRACE STREET ADDRESS 6860 QUEEN PALM TERR. STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME ١, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE

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 truebee expowered 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

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

YPED OR PRINTED NAME OF