

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90649 040 \*\*\*150.00

0448841 AV

**DOCUMENT # P01000118360**

1. Entity Name

C. PULLEN, INC.



Principal Place of Business  
POST OFFICE BOX 1344  
THONOTOSASSA FL 33592

Mailing Address  
POST OFFICE BOX 1344  
THONOTOSASSA FL 33592



2. Principal Place of Business

2311-1 Thonotosassa Rd.

3. Mailing Address

2311-1 Thonotosassa Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33563-1460

Country

USA

Zip

33563-1460

Country

USA

4. FEI Number

04-3585687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PULLEN, CHARLES B  
815 KRAFT ROAD  
LAKELAND FL 33815

7. Name and Address of New Registered Agent

Name Pullen, Charles B

Street Address (P.O. Box Number is Not Acceptable)  
405 E. Terrace Dr.

City Plant City

FL

Zip Code

33563-9020

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS: \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME PULLEN, CHARLES B  
STREET ADDRESS POST OFFICE BOX 1344  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE PD ☒ Change ☐ Addition  
NAME Pullen, Charles B.  
STREET ADDRESS 405 E. Terrace Dr.  
CITY-ST-ZIP Plant City, FL 33563-9020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

Charles Pullen

3/28/03

(813) 459-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)