

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-02-2003 90209 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000103233

1. Entity Name
FULTON CONSTRUCTION GROUP, INC.



Principal Place of Business
2500 WESTON ROAD
SUITE 105
WESTON FL 33331

Mailing Address
2500 WESTON ROAD
SUITE 105
WESTON FL 33331

55048012

2. Principal Place of Business
1003 Shotgun Rd
Suite, Apt. #, etc.

3. Mailing Address
1003 Shotgun Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Sunrise, FL
Zip 33326 Country USA

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Sunrise, FL
Zip 33326 Country USA

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, FERNAN
2500 WESTON ROAD
SUITE 105
WESTON FL 33331

7. Name and Address of New Registered Agent

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

1003 Shotgun Rd.
City Sunrise FL Zip Code 33326

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)

4/30/03
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RESTREPO, FERNAN	2500 WESTON ROAD SUITE 105	WESTON FL 33331	
D	RESTREPO, NORMA	2500 WESTON ROAD SUITE 105	WESTON FL 33331	
D	FULTON, TERRY L	2500 WESTON ROAD SUITE 105	WESTON FL 33331	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

954 349 4769
954 4760813

Daytime Phone #

CR2E034 (10/02)