

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90063 002 \*\*\*150.00

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

**DOCUMENT # P02000130330**

1. Entry Name  
**FULLWOOD CLEANING SERVICES, INC.**



Principal Place of Business  
 1225 KENNEWICK COURT  
 WESLEY CHAPEL FL 33543

Mailing Address  
 1225 KENNEWICK COURT  
 WESLEY CHAPEL FL 33543

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number  
**651167095**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FULLWOOD, DEBORAH F**  
**14802 N FLORIDA AVE #R-282**  
**TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name  
**Fullwood, Deborah F.**

Street Address (P.O. Box Number is Not Acceptable)  
**1225 Kennewick Court**

City **Wesley Chapel** FL Zip Code **33543**

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: *Deborah Fay Fullwood* DATE: **03-25-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when raising)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|  |                                 | <b>President<br/>Deborah Fay Fullwood<br/>1225 Kennewick Court<br/>Wesley Chapel FL 33543</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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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)(j), 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: *Deborah Fay Fullwood* **Deborah Fay Fullwood** DATE: **03-25-03** DAYTIME PHONE: **813-907-2770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)