

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

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90050 026 ***150.00

DOCUMENT # **P030000107140**

1. Entity Name

T.W. FULLER CONSTRUCTION CO.



DO NOT WRITE IN THIS SPACE

44028625

2. Principal Place of Business

1124 HEARTLAND CIR

Suite, Apt. #, etc.

3. Mailing Address

1124 HEARTLAND CIR

Suite, Apt. #, etc.

City & State

MULBERRY, FL

City & State

MULBERRY, FL

4. FEI Number

41-212531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TERRY W. FULLER

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

1124 HEARTLAND CIRCLE

MULBERRY, FL

City

FL

Zip Code

33800

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

4-12-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**VICE PRESIDENT
DIANE HELEN FULLER
1124 HEARTLAND CIRCLE
MULBERRY, FL 33800**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
TERRY W. FULLER
1124 HEARTLAND CIRCLE
MULBERRY, FL 33800**

TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane H. Fuller, U/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-04 863-619-6685

Date

Daytime Phone #

CR2E034B (12/02)