FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P030000107140

T.W. FULLER CONSTRUCTION CO.



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

04-14-2004 90050 026 ***150.00

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DO NOT WRITE IN THIS SPACE					44028625			
2. Principal Place of Business 1124 HEARTLAND CIR 1124 HEART Suite, Apt. #, etc. 3. Mailing Address 1124 HEART Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			CE		
City & State	SRRY FC	City & State MUBERRY Zip	, FL Country	4	Number 1-211253/	\$8	Applied For Not Applicable 75 Additional	
3386	o USA	338 6 0	<u> VSA</u>		ertificate of Status Desired	Fee	Required	
7. Name and Address of Current Registered Agent Name TERRU W. FULRE							ent	
DO NOT-WRITE Street Address (P.O. Box Number is Not Acceptable) 1124 HEALTLAND CIRCLE								
IN THIS SPACE								
		The state of the s	City _	eny.	<u> </u>	FL	Zin Code	
	nomed astitus, a lamita this statement to	the purpose of changing its	MULE	elle			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 obtigations of registered agent.								
1 1 12 01								
SIGNATURE Signature, type of frinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25				Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	Payable to Florida Department of OFFICERS AND	ASSESS ASSESSED.		and a standard decrease		er a Tribania da		
TITLE	VICE COEXIDENT		TITLE				The state of the s	
NAME	DIANE HELEN FULLER	5	NAME	A STATE OF THE STA				
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NAME	TERRY W. FLLER		NAME			Mark de		
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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								

SIGNATURE:

4-4-04 863-619-6685