

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90802 001 ***450.00

DOCUMENT # P38524

1. Entity Name

FULMER TRANSPORT, INC.

Principal Place of Business

Mailing Address

9526 SIDNEY HAYES RD
 ORLANDO FL 32824
 US

P.O. BOX 620397
 ORLANDO FL 32862-0397
 US

2. Principal Place of Business

119 Gatlin Ave.

3. Mailing Address

P.O. Box 568397

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3113664

Applied For

Not Applicable

Zip

32806

Country

USA

Zip

32856

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULMER, MACK
1141 WINDSONG DR.
ORLANDO FL 32809

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **FULMER, MACK**
 STREET ADDRESS **1141 WINDSONG ROAD**
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

407-240-0301

Daytime Phone #