

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90154 015 \*\*\*150.00

DOCUMENT # **P92000015124**

1. Entity Name

**FULKERSON TOWING INC.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1875 S.R 207**

3. Mailing Address

**SAMG**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**ST-AUGUSTINE FL**

City & State

4. FEI Number

**593157900**

Applied For

Not Applicable

Zip

**32086**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**ERNEST KING**

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

**1875 SR 207**

City

**ST. AUGUSTINE**

**FL**

Zip Code

**32086**

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

**ERNEST KING**

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

(NOTE: Registered Agent signature required when renewing)

**4-26-02**

DATE

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

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VERA ZIEMBINSKI - ALLEN  
1875 SR 207. PRESIDENT  
ST. AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**JAMES D. WILLIAMS  
SECRETARY + TREASURER  
1093 AIA BEACH BLVD #153  
ST. AUGUSTINE, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE: **Vera Ziembski - Allen - VERA ZIEMBINSKI - ALLEN** **4/26/02 904824 3204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02034B (12/01)