

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91784 020 ***158.75

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DOCUMENT # P94000014172

1. Entity Name

FULLER HOLSONBACK BIVINS & MALLOY, P.A.



Principal Place of Business
**100 N. TAMPA ST
STE 2650
TAMPA FL 33602
US**

Mailing Address
**100 N. TAMPA ST
STE 2650
TAMPA FL 33602
US**

2. Principal Place of Business
400 N. Ashley Drive
Suite, Apt. #, etc.
Suite 1500

3. Mailing Address
400 N. Ashley Drive
Suite, Apt. #, etc.
Suite 1500

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602

Country
Hillsborough

Zip
33602

Country
Hillsborough

4. FEI Number **59-3227027**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

11041581



6. Name and Address of Current Registered Agent

**FULLER, JEFFERY M
100 N. TAMPA STREET
SUITE 2650
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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. 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

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FULLER, JEFFERY M
4611 ACKERLY WAY
BRANDON FL 33511** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLSONBACK, JOHN P
2414 OAK LANDING DRIVE
BRANDON FL 33511** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 813-229-9119

Date Daytime Phone #

CR2E034 (10/02)