

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000039751**1. Entity Name
FULTON STEAMER, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90028 049 ***150.00

Principal Place of Business 18459 PINES BLVD SUITE 102 PEMBROKE PINES FL 33029 US	Mailing Address 18459 PINES BLVD SUITE 102 PEMBROKE PINES FL 33029 US
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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0585399**
Applied For
Not Applicable5. 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****BEIDEMAN, MARK**
1928 N.W. 167 AVENUE
PEMBROKE PINES FL 33028Name
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 *Mark Beideman* DATE 1/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PT BEIDEMAN, MARK 1140 NW 184 TERRACE PEMBROKE PINES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BEIDEMAN, TRACIE 1140 NW 184 TERRACE PEMBROKE PINES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Mark Beideman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)