

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90244 001 \*\*\*150.00

**DOCUMENT # P95000091055**

1. Entity Name  
**R. A FULMORE CORPORATION**

Principal Place of Business Mailing Address  
**7204 DUSTY ROAD 7204 DUSTY ROAD**  
**RIVERVIEW FL 33569 RIVERVIEW FL 33569**  
**US US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3351167** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FULMORE, RALPH A**  
**8347 STATE ROAD 674**  
**LITHIA FL 33547**

**7. Name and Address of New Registered Agent**

Name **Fulmore, Ralph A**  
 Street Address (P.O. Box Numbers Not Acceptable)  
**7204 DUSTY Rd.**  
 City **Riverview** FL Zip Code **33569**

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 **Ralph A Fulmore President**  
 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, 2001 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**

TITLE	P	<input type="checkbox"/> Delete
NAME	FULMORE, RALPH A	
STREET ADDRESS	7204 DUSTY ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FULMORE, LINDA E	
STREET ADDRESS	7204 DUSTY ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OWENS, HOLLIE B	
STREET ADDRESS	9919 LORRAYNE RD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COOPER, BELVIN	
STREET ADDRESS	6033 SOUTH FLORIDA CIRCLE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chrissy M. Pettit	
STREET ADDRESS	7204 DUSTY RD	
CITY-ST-ZIP	Riverview FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Ralph A Fulmore**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-01 813-927-5255**  
 Date Daytime Phone

CR2E034 (10/00)