

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-11-2001 90005 033 \*\*\*150.00

DOCUMENT # P96000045184

1. Entity Name

FULLER ELECTRIC SERVICE, INC.

Principal Place of Business

5613 8TH ST SW  
LEHIGH FL 33971  
US

Mailing Address

5613 8TH ST SW  
LEHIGH ACRES FL 33971  
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 65-0690785

Applied For

Not Applicable

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

BLUE, BEVERLY

9757 MAPLECREST CIRCLE  
LEHIGH ACRES FL 33936

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

(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	D	NAME	BLUE, JOHN A	<input type="checkbox"/> Delete
STREET ADDRESS			319 INMAN STREET	
CITY-ST-ZIP			LEHIGH ACRES FL 33972	
TITLE	D	NAME	BLUE, BEVERLY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			9757 MAPLECREST CIRCLE	
CITY-ST-ZIP			LEHIGH ACRES FL	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNEAR, JENNIFER R	
STREET ADDRESS	319 INMAN STREET	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fuller, Warren	
STREET ADDRESS	206 Canton Ave	
CITY-ST-ZIP	Lehigh Acres, FL 33972	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 941-368-6202

CR2E034 (10/00)