

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91643 037 \*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 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  
**BEVENS, ROBERT  
 23 CONCORD ROAD  
 LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent  
 Name **Robert Bowers**  
 Street Address (P.O. Box Number is Not Acceptable) **23 Colorado Rd.**  
 City **Lehigh Acres** **FL** Zip Code **33972**

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 *Robert Bowers* DATE **1-24-02**  
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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BLUE, JOHN A</b>	NAME	<b>Blue, John A</b>		
STREET ADDRESS	<b>319 INMAN STREET</b>	STREET ADDRESS	<b>4206 8th ST SW</b>		
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	CITY-ST-ZIP	<b>Lehigh Acres, FL 33971</b>		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCNEAR, JENNIFER R</b>	NAME	<b>McNear, Jennifer R</b>		
STREET ADDRESS	<b>319 INMAN STREET</b>	STREET ADDRESS	<b>4206 8th ST SW</b>		
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	CITY-ST-ZIP	<b>Lehigh Acres, FL 33971</b>		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FULLER, WARREN</b>	NAME			
STREET ADDRESS	<b>206 CANTON AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: *Jennifer R McNear* DATE **4/25/02** DAYTIME PHONE # **239-368-6202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)