

P96000086388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

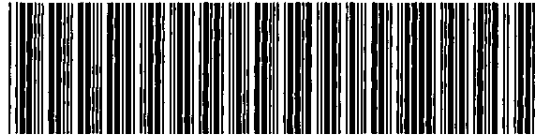
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/08--01035--003 **35.00

FILED
08 MAR -3 PM 1:27
SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

24

807/1/08
10/2/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FUL Investigations Inc
(Name of Corporation)

DOCUMENT NUMBER: P96000086388

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUY BREADING
(Name of Contact Person)

(Firm/Company)

1767 LAKEWOOD RANCH BLVD #131
(Address)

BRADENTON, FLORIDA, 34211
(City/State and Zip Code)

For further information concerning this matter, please call:

GUY BREADING at (941 748 2205)
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2008

GUY BREADING
1767 LAKEWOOD RANCH BLVD #131
BRADENTON, FL 34211

SUBJECT: FUL RECOVERY INC
Ref. Number: P96000086388

We have received your document for FUL RECOVERY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. If this is the correct name, please provide us with the document number, or any other documentation supporting that this entity is registered with the Division of Corporations.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 508A00010512

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FUL Recovery Inc
2. The principal office address: 1767 LAKEWOOD RANCH BLVD #131
BRADENTON, FLORIDA, 34211
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/18/1996 Document number: P96000086388

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GUY BREADING

13650 2ND AVE NE

BRADENTON, FLORIDA, 34212

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

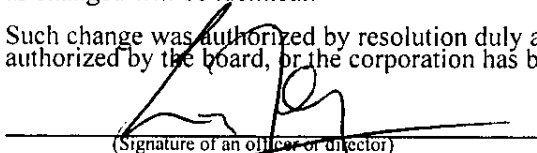
1767 LAKEWOOD RANCH BLVD #131

BRADENTON, FLORIDA, 34211

(P.O. Box NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

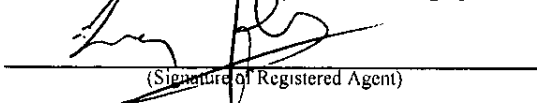
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

GUY BREADING / OFFICER

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

02/13/08

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
08 MAR -3 PM 1:37
TALLAHASSEE, FLORIDA