2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091328

1. Entity Name

FULCHER TRUCKING, INC.

Principal Place of Business	Mailing Address
3665 W. KING ST. COCOA FL 32926	3665 W. KING ST. COCOA FL 32926

2. Principal Place of Business	3. Mailing Address P. O. Box 3486		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State Cocoa, Florida		DO NOT WRITE IN THIS SPACE
Zip	Country	Zip 32924	Country Brevard

917534

4. FEI Number 59-3237709 — 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
FULCHER, SHERIAN 806 WARREN AVE. COCOA FL 32922	Name: Eugene K. Polta Street Address (P.O. Box Number is Not Acceptable) 1806 Via Capri City Merritt Island FL Zip Code 32952

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: _Eugene K. Polta_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 01-14-01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE V NAME FULCHER, DAVID E STREET ADDRESS 806 WARREN AVE. CITY-ST-ZIP COCOA FL 32922	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE P NAME FULCHER, SHERIAN STREET ADDRESS 806 WARREN AVE CITY-ST-ZIP COCOA FL 32922	☒ 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

CR2E034 (10/00)

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: _David E Fulcher_ David E Fulcher 2/5/01 -321 639-4962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #