2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003
Secretary of State

DOCUMENT# P97000096936

Entity Name: FULFORD ENTERPRISES, INC.

Current Principal Place of Business:

14570 NW US HWY 441
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2006
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 59-3478336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULFORD, JERRY S
19805 OLD BELLAMY RD
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FULFORD, JERRY M
Address: 19828 NW CR 241
City-St-Zip: ALACHUA, FL 32615

Title: VD ( ) Delete
Name: FULFORD, JERRY S
Address: 19805 OLD BELLAMY RD.
City-St-Zip: ALACHUA, FL 32615

Title: VD ( ) Delete
Name: HANCOCK, TOM
Address: 2999 CIRLCE 75 PARKWAY
City-St-Zip: ATLANTA, GA 30339

Title: STD ( ) Delete
Name: FULFORD, SHIRLEY
Address: 19828 NW CR 241
City-St-Zip: ALACHUA, FL 32615

Title: ASTD ( ) Delete
Name: FORSTER, MICHAEL
Address: 1090 HAINES ST.
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ASTD (X) Change ( ) Addition
Name: FOSTER, MICHAEL
Address: 1090 HAINES ST.
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY S FULFORD VD 02/20/2003

Electronic Signature of Signing Officer or Director — Date