

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90505 004 ***150.00

DOCUMENT # P98000010648

1. Entity Name

FULLHOUSE, INC.

Principal Place of Business

**10006 N DALE MABRY
 STE 114
 TAMPA FL 33618**

Mailing Address

**4308 GRAINARY AVE
 TAMPA FL 33624**

2. Principal Place of Business

4308 GRAINARY AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number

59-3490783

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FICARROTTA, KAREN A
 4308 GRAINARY AVE
 TAMPA FL 33624**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **P** ☐ Delete
 NAME **FICARROTTA, BENNIE JR**
 STREET ADDRESS **4308 GRAINARY AVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VP** ☐ Delete
 NAME **FICARROTTA, KAREN**
 STREET ADDRESS **4308 GRAINARY AVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **S** ☐ Delete
 NAME **FICARROTTA, BENNIE JR**
 STREET ADDRESS **4308 GRAINARY AVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **T** ☐ Delete
 NAME **FICARROTTA, KAREN**
 STREET ADDRESS **4308 GRAINARY AVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Karen A. Ficarrotta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01
 Date

8139682968
 Daytime Phone #

CR2E034 (10/00)

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