2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90373 039 ***150.00

0005656

DOCUMENT # P98000107986

1. Entity Name
WHITED & FULLER, P.A.

Principal Place of Business	Mailing Address
220 S. RIDGEWOOD AVENUE SUITE 210 DAYTONA BEACH FL 32114	220 S. RIDGEWOOD AVENUE SUITE 210 DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
630 N. WILD OLIVE AVENUE	SAME
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.
City & State: DAYTONA BCH, FL	City & State
Zip: 32118 / Country: USA	Zip / Country

4. FEI Number 59-3565077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULLER, DAVID D
~~220 S. RIDGEWOOD AVENUE~~
~~SUITE 210~~
~~DAYTONA BEACH FL 32114~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 630 N. WILD OLIVE AVE., SUITE A
City DAYTONA BEACH FL Zip Code 32118

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] DAVID D. FULLER 4/10/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITED, FLEM K III 9 TIDEWATER DRIVE ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLER, DAVID B 220 S. BINGWOOD BLVD AVE #210 DATONA BCH FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLER, DAVID D. 630 N. WILD OLIVE AVE, SUITE A DAYTONA BEACH, FL 32118	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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: [signature] / DAVID D. FULLER 4/10/01 904-253-7865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)