

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90373 039 ***150.00

DOCUMENT # P98000107986

1. Entity Name

WHITED & FULLER, P.A.

Principal Place of Business

**220 S. RIDGEWOOD AVENUE
SUITE 210
DAYTONA BEACH FL 32114**

Mailing Address

**220 S. RIDGEWOOD AVENUE
SUITE 210
DAYTONA BEACH FL 32114**

2. Principal Place of Business

630 N. WILD OLIVE AVENUE

3. Mailing Address

SAME

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

City & State

DAYTONA BCH, FL

City & State

SAME

Zip

32118

Country

USA

Zip

SAME

Country

USA

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

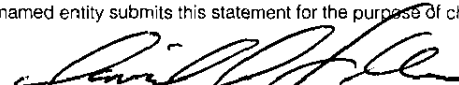
DAYTONA BEACH

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  **DAVID D. FULLER**

(NOTE: Registered Agent signature required when reinstating)

4/10/01
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 **DP** ☐ Delete
NAME **WHITED, FLEM K III**
STREET ADDRESS **9 TIDEWATER DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **VP** ☐ Delete
NAME **FULLER, DAVID B**
STREET ADDRESS **220 S. BINGWOOD BLVD AVE #210**
CITY-ST-ZIP **DAYTONA BCH FL 32114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **VP**
STREET ADDRESS **FULLER, DAVID D.**
CITY-ST-ZIP **630 N. WILD OLIVE AVE, SUITE A**
DAYTONA BEACH, FL 32118

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

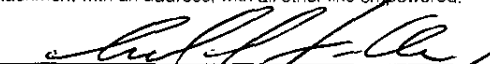
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

 **DAVID D. FULLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01
Daytime Phone # **904-253-7865**

CR2E034 (10/00)