

2000 UNIFORM BUSINESS REPORT (UBR)

8

DOCUMENT # P99000034632

1. Entity Name

FULLWOOD CUSTOM WOODWORKS, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

08-24-2000 90030 011 ***150.00

Principal Place of Business

4920 US HIGHWAY 19 NORTH
UNIT 5
NEW PORT RICHEY FL 34652

Mailing Address

4920 US HIGHWAY 19 NORTH
UNIT 5
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3573786

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
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
PTD
FULLWOOD, GLEN A
4920 US HIGHWAY 19 NORTH
NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
FULLWOOD, DENICE E
4920 US HIGHWAY 19 NORTH
NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE
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☐ 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:

Stella Fullwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-00 1827-89-6643
Date Daytime Phone #

CR20034 (5/00)

Attachment
Pg 9000034632
309817

Document in
Fullwood Custom Woodworks, Inc.

32

Aug 22, 2000

To: Florida Department of State
Division of Corporations

~~for annual certificate renewal fee.~~ We recently received a second notice for the certificate. We are sure we mailed it out immediately by mail. Our corporate acct. mentioned the very high penalty if filed after May. We are enclosing another payment for \$150.00 because we have so far been unable to find the bank money order to verify this payment. My wife's mother died at approximately this same time and she was in deep emotional stress. We attached a copy of her death certificate. As we are still looking to find our copy. This was our first year and we certainly will send the payment certificate if necessary.

Thank you for your help and
consideration.

Fullwood Custom
Woodworks, Inc.

(727) 849-6643

4920 US-19 #5

New Port Richey, Florida 34652
Aris Plaza

Glen A. Fullwood
Glen Fullwood Pres.