

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62722

1. Entity Name

BEVERLY SUE FULMER, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90080 004 ***150.00

Principal Place of Business

Mailing Address

PO BOX 1629
ORLANDO FL 32802
US

PO BOX 1629
ORLANDO FL 32802
US

2. Principal Place of Business

3. Mailing Address

4590 WOODWIND DR
Suite, Apt. #, etc.

4590 WOODWIND DR
Suite, Apt. #, etc.

City & State
DESTIN FLORIDA

City & State
DESTIN FLORIDA

Zip Country
32541 USA

Zip Country
32541 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3080134

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

FULMER, BEVERLY SUE
2011 VIRGINIA DR
ORLANDO FL 32803

Name: BEVERLY SUE FULMER
Street Address (P.O. Box Number is Not Acceptable)
4590 WOODWIND DR
City: DESTIN FL Zip Code: 32541

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: Beverly Sue Fulmer BEVERLY SUE FULMER 3-29-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PRESIDENT 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 DP ☒ Delete
NAME FULMER, BEVERLY SUE
STREET ADDRESS 2011 VIRGINIA DR
CITY-ST-ZIP ORLANDO FL

TITLE DP ☒ Change ☐ Addition
NAME FULMER, BEVERLY SUE
STREET ADDRESS 4590 WOODWIND DR
CITY-ST-ZIP DESTIN FL 32541
ADDRESS

TITLE D ☐ Delete
NAME FULMER, MILTON H.
STREET ADDRESS POST OFFICE BOX 5170 N/A
CITY-ST-ZIP DESTIN FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: BEVERLY SUE FULMER, PRESIDENT Beverly Sue Fulmer 3-29-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 407-297-4295

1-850-654-0930

CR2E034 (10/00)

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