

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90035 039 ***150.00

DOCUMENT # V13927

1. Entity Name

FLORIDA BROTHERS TRUCKING CORPORATION

Principal Place of Business

Mailing Address

**8340 AMERICAN WAY
 GROVELAND FL 34736
 US**

**P.O. BOX 625
 GROVELAND FL 34736-0625
 US**

C0017712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0311754**

Applied
 Not Applied

Zip

Country

Zip

Country

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, PHILIP R
 8000 CHERRYLAKE ROAD
 GROVELAND FL 34736**

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, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 Added to F**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	P	<input type="checkbox"/> Delete
NAME	FULMER, BARBARA B.	
STREET ADDRESS	11050 AUTUMN LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, CYNTHIA F	
STREET ADDRESS	12928 LOOKINGBILL LANE	
CITY-ST-ZIP	ATHENS AL 35611	
TITLE	S	<input type="checkbox"/> Delete
NAME	FULMER, PHILIP	
STREET ADDRESS	8000 CHERRY LAKE ROAD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FULMER, CARROLL A.	
STREET ADDRESS	14726 GORD NECK DRIVE	
CITY-ST-ZIP	MONTEVERDE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FULMER, TIMOTHY A.	
STREET ADDRESS	9239 WOODBREEZE BLVD	
CITY-ST-ZIP	WINDERMERE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Fulmer, Carroll A	
STREET ADDRESS	11610 Osprey Pointe Blvd	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Fulmer, Timothy A	
STREET ADDRESS	13045 Sugar Bluff Rd	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #