## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

1321 MONROE STREET

HOLLYWOOD FL 33019

## DOCUMENT # 673783

1. Entity Name ELLEN J. FEHR, INC.

Principal Place of Business

2. Principal Place of Business

1321 MONROE STREET

HOLLYWOOD FL 33019

8.



FILED
Mar 06, 2003 8:00 am §
Secretary of State

03-06-2003 90099 033 \*\*\*150.00

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Suite, Apt. #, etc. City & State		Suite, Apt. #, e	etc.		CHECK HERE IF MAKING CHANGES				
		City & State		4. FEI Number NOT APPLICABLE Applied For					
Zip	Country	Zip	Cour	ntrv		Not Applicable			
<u> </u>			000	K. y	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					
FEHR, ELLEN J. 1321 MONROE ST 10LLYWOOD FL 33019			ing to his section .	Name Street Address (P.O. Box Number is Not Acceptable)					
The above some				City	F	<b>L</b>	lip Code		
he obligations of	ed entity submits this stateme of registered agent.	ent for the purpose of char	nging its registere	ed office or regi	stered agent, or both, in the State of Florida. I ar	n familia	ar with, and accept		

## SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
e Check Payable to Florida Department of State

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

wake Chec	k Payable to Florida Department of State			Tust i and Contribution.	⊔ Added	to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTST FEHR, ELLEN J 1321 MONROE ST HOLLYWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEHR, SCOTT S 1321 MONROE ST HOLLYWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

12. 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 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 954-913-857

CR2E034 (10/02)