2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90158 035 ***150.00

B0004916

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000009159

1. Entity Name
PAUL J. FISCHER, INC.

Principal Place of Business	Mailing Address
2470 ISLAND DRIVE LONGWOOD FL 32779	2470 ISLAND DRIVE LONGWOOD FL 32779-4628

2. Principal Place of Business	3. Mailing Address
1892 Derbyshire Rd.	1892 Derbyshire Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland FL	City & State: Maitland FL
Zip: 32751 Country: Seminole	Zip: 32751 Country: Seminole

4. FEI Number 59-3424741 ☐ 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
FISCHER, PAUL J 2470 ISLAND DRIVE LONGWOOD FL 32779	Name: Fischer, Paul J. Street Address (P.O. Box Number is Not Acceptable): 1892 Derbyshire Rd City: Maitland FL Zip Code: 32751

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] 1/6/2000
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** 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	D FISCHER, PAUL J 2470 ISLAND DRIVE LONGWOOD FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1892 Derbyshire Rd Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] 1/6/2000 (407) 260 8386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #