

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 356148**

1. Entity Name

**FLETCHER PROPERTIES, INC.****FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90067 041 \*\*\*150.00

Principal Place of Business	Mailing Address
1548 THE GREENS WAY 4 JAX BCH FL 32250 US	PO BOX 1219 P.O. BOX 1219 ZIP: 32004 PONTE VEDRA BCH FL 32004-1219 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-1286653	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MELCHING, STEPHEN 1548 THE GREENS WAY #4 JACKSONVILLE FL

7. Name and Address of New Registered Agent
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>S</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>HUTCHINSON, FRANCES F.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1548 THE GE=REENS WAY</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>JAX BCH FL 32250</td><td></td></tr></table>	TITLE	S	<input type="checkbox"/> Delete	NAME	HUTCHINSON, FRANCES F.		STREET ADDRESS	1548 THE GE=REENS WAY		CITY-ST-ZIP	JAX BCH FL 32250		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete																							
NAME	HUTCHINSON, FRANCES F.																								
STREET ADDRESS	1548 THE GE=REENS WAY																								
CITY-ST-ZIP	JAX BCH FL 32250																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FLETCHER, PAUL Z</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1548 THE GREENS WAY</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>JAX BCH FL 32250</td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	FLETCHER, PAUL Z		STREET ADDRESS	1548 THE GREENS WAY		CITY-ST-ZIP	JAX BCH FL 32250		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																							
NAME	FLETCHER, PAUL Z																								
STREET ADDRESS	1548 THE GREENS WAY																								
CITY-ST-ZIP	JAX BCH FL 32250																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MELCHING, STEPHEN D</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1548 THE GREENS WAY</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>JAX BCH FL 32250</td><td></td></tr></table>	TITLE	VD	<input type="checkbox"/> Delete	NAME	MELCHING, STEPHEN D		STREET ADDRESS	1548 THE GREENS WAY		CITY-ST-ZIP	JAX BCH FL 32250		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete																							
NAME	MELCHING, STEPHEN D																								
STREET ADDRESS	1548 THE GREENS WAY																								
CITY-ST-ZIP	JAX BCH FL 32250																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VTD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FLETCHER, JEROME S</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1548 THE GREENS WSY</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>JAX BCH FL 32250</td><td></td></tr></table>	TITLE	VTD	<input type="checkbox"/> Delete	NAME	FLETCHER, JEROME S		STREET ADDRESS	1548 THE GREENS WSY		CITY-ST-ZIP	JAX BCH FL 32250		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete																							
NAME	FLETCHER, JEROME S																								
STREET ADDRESS	1548 THE GREENS WSY																								
CITY-ST-ZIP	JAX BCH FL 32250																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>V</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BROADUS, M. GLORIA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1548 THE GREENS WY</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>JAX BCH FL 32250</td><td></td></tr></table>	TITLE	V	<input checked="" type="checkbox"/> Delete	NAME	BROADUS, M. GLORIA		STREET ADDRESS	1548 THE GREENS WY		CITY-ST-ZIP	JAX BCH FL 32250		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete																							
NAME	BROADUS, M. GLORIA																								
STREET ADDRESS	1548 THE GREENS WY																								
CITY-ST-ZIP	JAX BCH FL 32250																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Frances F. Hutchinson 2/4/00 904-285-6921  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Frances F. Hutchinson, Secretary

CR2E034 (9/99)