

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90191 015 ***150.00

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DOCUMENT # 437188

1. Entity Name

FISHER'S VARIETY, INC.



Principal Place of Business

113-107TH AVE.

TREASURE ISLAND FL 33706

US

Mailing Address

113-107TH AVE.

TREASURE ISLAND FL 33706

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

11085 7th ST E

Suite, Apt. #, etc.

11085 7th ST. E

City & State

Treasure Island FL

City & State

Treasure Island, FL

Zip

33706

Country

USA

Zip

33706

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1486536

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

MASTRY (R. DONALD)

FIRST FEDERAL BLDG. 10TH FLOOR

ST. PETERSBURG FL

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. I am familiar with, and accept the obligations of registered agent.

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FISHER, EDWARD P.
STREET ADDRESS 11085-7TH ST. E.
CITY-ST-ZIP TREASURE ISLAND FL ☐ Delete

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

TITLE ST
NAME FISHER, SUZANNE S
STREET ADDRESS 11085-7TH ST E
CITY-ST-ZIP TREASURE ISLAND FL ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE

Edward P. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)