

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460310

1. Entity Name

JAMES A. FISCHETTE, P.A.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90012 037 ***150.00

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 1301 RIVERPLACE BLVD STE 1916 JACKSONVILLE FL 32207 US | 1301 RIVERPLACE BLVD STE 1916 JACKSONVILLE FL 32207-9024 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
| | | | |

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-1553099 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent |
| FISCHETTE, JAMES 1301 RIVERPLACE BLVD., STE 1916 JACKSONVILLE FL 32207 |

| |
|--|
| 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)

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 | |
|----------------------------|-------------------------------------|
| TITLE | PTD <input type="checkbox"/> Delete |
| NAME | FISCHETTE, JAMES A |
| STREET ADDRESS | 1301 RIVERPLAE BLVD STE 1916 |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | HELD, EDWIN W, JR |
| STREET ADDRESS | 1916 GULF LIFE TOWER |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | MCBURNY, CHARLES W JR |
| STREET ADDRESS | 1301 RIVERPLACE BLVD STE 1916 |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

James A. Fischette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/1/00 Daytime Phone #: (904) 398-7036

CR2E034 (9/99)