FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90170 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 530624

1. Entity Name
PAUL G. FLETCHER, P.A.

90032250

Principal Place of Business	Mailing Address
~~BANK OF AMERICA~~ ~~SUITE 200~~ CORAL GABLES, ~~FL~~ 33146	BANK OF ~~AMERICA~~ ~~SUITE 200~~ CORAL GABLES, FL 33146
BANK of America Bldg	BANK OF America Bldg
2. Principal Place of Business: 1500 SOUTH DIXIE HWY	3. Mailing Address: 1500 S. DIXIE HWY
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: CORAL Gables, FL	City & State: CORAL Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1729482 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, PAUL G.
1500 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146

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. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLETCHER, PAUL G 1500 SOUTH DIXIE HIGHWAY, STE 200 CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03 Date

305-661-6125 Daytime Phone #