

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90382 001 ***158.75

DOCUMENT # 609786

1. Entity Name
FISCHER ASSOCIATES, INC.

| | |
|--|--|
| Principal Place of Business 3952 MERLIN DR. SUITE 2 KISSIMMEE FL 34741 US | Mailing Address 3952 MERLIN DR. SUITE 2 KISSIMMEE FL 34741 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-1884088 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FISCHER, MARGARET H
~~4545 PLEASANT HILL ROAD~~ **3952 Merlin Drive**
~~STE 108~~ **Suite 2**
~~KISSIMMEE FL 34759~~ **Kissimmee, FL 34741**

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 _____ DATE _____
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 DC | <input type="checkbox"/> Delete |
| NAME FISCHER, LOUIS E | |
| STREET ADDRESS 4545 PLEASANT HILL RD, SUITE 108 | |
| CITY-ST-ZIP KISSIMMEE FL 34759 | |
| TITLE PDST | <input type="checkbox"/> Delete |
| NAME FISCHER, MARGARET H | |
| STREET ADDRESS 4545 PLEASANT HILL RD, SUITE 108 | |
| CITY-ST-ZIP KISSIMMEE FL 34759 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 3952 Merlin Drive Suite 2 | |
| CITY-ST-ZIP Kissimmee, FL 34741 | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 3952 Merlin Drive Suite 2 | |
| CITY-ST-ZIP Kissimmee, FL 34741 | |
| 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: *SIG M. Fischer* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3.13.02** **407/841-9100**
Date Daytime Phone #

CR2E034 (9/01)