


AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 625197

1. Entity Name
FLEISCHER'S, INC.



FILED

03 JUL -9 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 537 15TH STREET 537 15TH STREET
 WEST PALM BEACH, FL 33401-2611 WEST PALM BEACH, FL 33401-2611



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State

Zip Zip Country Country

4. FEI Number Applied For
59-1925615 Not Applicable

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

6. Name and Address of Current Registered Agent

RIBUOLI, DRINO
229 N.C. CLUB DRIVE
ATLANTIS, FL 33462

7. Name and Address of New Registered Agent

Name **Marc Langson**

Street Address (P.O. Box Number is Not Acceptable)
4166 Manchester Lake Drive

City **Lake Worth** **FL** Zip Code **33467**

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  DATE **7/7/03**

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

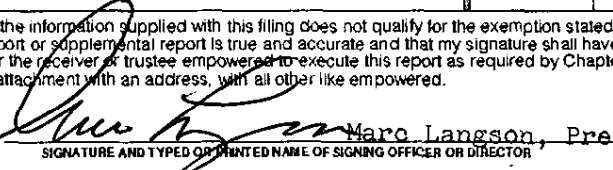
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RIBUOLI, NAMI	
STREET ADDRESS	229 N COUNTRY CLUB DR	
CITY-ST-ZIP	ATLANTIS, FL 00000,	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RIBUOLI, DRINO	
STREET ADDRESS	229 N COUNTRY CLUB DR	
CITY-ST-ZIP	ATLANTIS, FL 00000,	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Langson	
STREET ADDRESS	4166 Manchester Lake Drive	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shane McKean	
STREET ADDRESS	4086 Bahia Isle Circle	
CITY-ST-ZIP	Wellington, FL 33467	
TITLE	Asst S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sara McKean	
STREET ADDRESS	4086 Bahia Isle Circle	
CITY-ST-ZIP	Wellington, FL 33467	
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		

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:  **Marc Langson, Pres** DATE **7/7/03** TELEPHONE # **561-718-8993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (10/02)

7/7/03