

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637500

1. Entity Name

DWAIN FLETCHER COMPANY

Principal Place of Business

Mailing Address

~~RR2 BOX 322~~  
QUITMAN GA 31643  
US

P.O. BOX 27  
QUITMAN GA 31643  
US

2. Principal Place of Business

3. Mailing Address

5799 BARWICK ROAD

Suite, Apt. #, etc.

City & State

City & State

QUITMAN, GA

Zip  
31643

Country  
USA

Zip

Country

4. FEI Number 58-1383991

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

SCRUGGS, GARLAND JR.  
~~345 DIANA BLVD.~~  
MERRITT ISLAND FL 32953

ADDRESS CHANGE →

Name

Street Address (P.O. Box Number is Not Acceptable)

730 AVOCADO DRIVE

City

MERRITT ISLAND

FL

Zip Code

32953

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FLETCHER, CARL D. HC 61 BOX 28 HWY 358 STEINHATCHEE FL 32359	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FLETCHER, BILLIE JO. HC 61 BOX 28 HWY 358 STEINHATCHEE FL 32359	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Billie Jo Fletcher* (BILLIE JO FLETCHER) VP

27 MAR 01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90131 019 \*\*\*150.00

00044382



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)