

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 10 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 650280  
1. Entity Name  
M. F. FLETCHER & ASSOCIATES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
36244 CLINTON AVE.  
Suite, Apt. #, etc. N/A  
City & State DADE CITY, FL.  
Zip 33525-8432 Country PASCO

3. Mailing Address  
P.O. BOX 2336  
Suite, Apt. #, etc. N/A  
City & State ST. LEON, FL.  
Zip 33574-2336 Country PASCO

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1952482 Applied For  Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name R. Patrick Mark, Esq.  
Street Address (P.O. Box Number is Not Acceptable) 106 50. TAMPA ST.  
N/A  
City Tampa, FL Zip Code 33609

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] DATE 5-4-02  
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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES. MAX F. FLETCHER 36244 CLINTON AVE. DADE CITY, FL.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300005598543--3 -05/23/02--01001--025 ****150.00 ****150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V-PRES. SANDRA B. FLETCHER 36244 CLINTON AVE. DADE CITY, FL.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREAS. LEIGH FLETCHER DI MARIA 28912 BAYTREE PL. ZEPHYRHILLS, FL. 33544</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>[Signature]</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 5-4-02 352-458-0053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)