

**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.

3. Mailing Address

P.O. BOX 2336

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

DADE CITY, FL.

City & State

ST. LEO, FL.

Zip

Country

33525-8432 PASCO

Zip

Country

33574-2336 PASCO

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

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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 So. TAMPAH 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]

(NOTE: Registered Agent signature required when reinstating)

5-4-02

DATE

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 PRES.
NAME MAX F. FLETCHER
STREET ADDRESS 36244 CLINTON AVE.
CITY-ST-ZIP DADE CITY, FL.

TITLE V-PRES.
NAME SANORA B. FLETCHER
STREET ADDRESS 36244 CLINTON AVE.
CITY-ST-ZIP DADE CITY, FL.

TITLE TREAS.
NAME LEIGH FLETCHER DiMARIA
STREET ADDRESS 28912 BAYTREE PL.
CITY-ST-ZIP ZENITH HILLS, FL. 33544

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

[Signature]

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-02 352-458-0053

Date

Daytime Phone #

CR2E034B (12/01)