## **FILED** May 21, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F0000005261 05-21-2001 90375 016 \*\*\*150.00 1. Entity Name FISHER INDUSTRIES, INC. TWN/NW] Maintenance Contra 1225 NORTHMEADOW PARKWAY, SUITE 106 1225 NORTHMEADOW PARKWAY, SUITE 106 00055935 ROSWELL GA 30076 ROSWELL GA 30076 2. Principal Place of Business 2500 HBBE) 2500 AB DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2475865 LPHARE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 941 4TH STREET, 2ND FLOOR MIAMI BEACH FL 33139 2.8. 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE Change TITLE BABCOCK, MARK NAME NAME STREET ADDRESS 1225 NORTHMEADOW PARKWAY, SUITE 106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSWELL GA 30076 TITLE Change Addition: TITLE BABCOCK, D. NAME STREET ADDRESS 1225 NORTHMEADOW PARKWAY, SUITE 106 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ROSWELL GA 30076 ☐ Change ☐ Addition TITLE Delete TITLE CARLTON, WILL NAME 48340 HWY-59 N. STREET ADDRESS STREET ADDRESS CATY - ST - 71P City-St-7IP **BAY MINETTE AL 36507** TITLE TITLE Change Accidio: STREET ADDRESS 1225 NORTHMEADOW PKWY, SUITE 106 STREET ADDRESS CITY-ST-ZIP ROSWELL GA 30076 CITY-ST-ZIP Change Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Crty-St-ZiP TITLE Delete Cnange Addition 🗌 NAME STREET ADDRESS 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 direction 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

SIGNATURE: