

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90169 005 ***150.00

DOCUMENT # F00000005948

1. Entity Name

D.E. FLETCHER, INC.

Principal Place of Business

**758 HEATHROW AVE
LADY LAKE FL 32159**

Mailing Address

**758 HEATHROW AVE
LADY LAKE FL 32159**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **15-0616979**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FLETCHER, DONALD E
758 HEATHROW AVE.
LADY LAKE FL 32159**

7. Name and Address of New Registered Agent

Name **DAWN Fletcher**
Street Address (P.O. Box Number is Not Acceptable)
758 Heathrow AveCity **Lady Lake** FL Zip Code **32159**

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 **X DAWN FLETCHER Dawn Fletcher, VP** **3-24-01**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTC	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, DONALD E	
STREET ADDRESS	758 HEATHROW AVE.	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	VS POST	<input type="checkbox"/> Delete
NAME	FLETCHER, DAWN	
STREET ADDRESS	758 HEATHROW AVE.	
CITY-ST-ZIP	LADY LAKE FL 32159	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Dawn Fletcher, VP (DAWN FLETCHER)** **3-24-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 753 7777

CR2E034 (10/00)