

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F58206**

1. Entity Name

FISCHER-GAETA-CROMWELL-APPLEFIELD, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90226 024 ***150.00

00050227

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3555 NORTHLAKE BLVD WEST PALM BEACH FL 33403	Mailing Address 3555 NORTHLAKE BLVD WEST PALM BEACH FL 33403
2. Principal Place of Business 3555 Northlake Boulevard Suite, Apt. #, etc.	3. Mailing Address 3555 Northlake Boulevard Suite, Apt. #, etc.

City & State Palm Beach Gardens, Florida	City & State Palm Beach Gardens, Florida
Zip 33403	Country US

4. FEI Number 59-2145193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GAETA, LOUIS A JR 3555 NORTHLAKE BLVD WEST PALM BEACH FL 33403
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FISCHER, ROBERT F. 65 VIA DEL CORSO WEST PALM BEACH FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAETA, LOUIS A. JR. 3555 NORTHLAKE BLVD WEST PALM BEACH FL 33403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROMWELL, HENRY F 3555 NORTHLAKE BLVD WEST PALM BEACH FL 33403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV APPLEFIELD, PETER J 3555 NORTHLAKE BLVD WEST PALM BEACH FL 33403 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D,V Neil J. Gaeta 3555 Northlake Boulevard Palm Beach Gardens, Florida 33403
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:	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/00)