

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90032 027 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F58908
1. Entity Name
FLETCHER DEVELOPMENT CORPORATION

Principal Place of Business
1548 THE GREENS WAY
4
JAX BCH FL 32250
US

Mailing Address
PO BOX 1219
P.O. BOX 1219 ZIP: 32004
PONTE VEDRA BCH FL 32004
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2145753

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELCHING, STEPHEN
1548 THE GREENS WAY
APT 4
JACKSONVILLE FL 32202

Name
Treadwell, Frank E.
Street Address (P.O. Box Number is Not Acceptable)
1548 The Greens Way
Suite 4
City Jacksonville Beach FL Zip Code 32250

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

2/28/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **FLETCHER, PAUL Z**
CITY-ST-ZIP **1548 THE GREENS WY**
JAX BCH FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **FLETCHER, JEROME S**
CITY-ST-ZIP **1548 THE GREENS WY**
JAX BCH FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HUTCHINSON, FRANCES F.**
CITY-ST-ZIP **1548 THE GREENS WY**
JAX BCH FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **MELCHING, STEPHEN D.**
CITY-ST-ZIP **1548 THE GREENS WY**
JAX BCH FL 32250

TITLE ☐ Change ☒ Addition
NAME **VD**
STREET ADDRESS **Treadwell, Frank E.**
CITY-ST-ZIP **1548 The Greens Way, Suite 4**
Jacksonville Beach, FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Asst. Secretary**
STREET ADDRESS **Buckner, Judy V.**
CITY-ST-ZIP **1548 The Greens Way, Suite 4**
Jacksonville Beach, FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

7. SIGNATURE REQUIRED
FRANCES F. HUTCHINSON, Secretary

2/28/02 (904) 285-6921
 Date Daytime Phone #

CR2E034 (9/01)