

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90471 023 ***150.00

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

11002978



☐ CHECK HERE IF MAKING CHANGES

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

TREADWELL, FRANK E
1548 THE GREENS WAY
APT 4
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VD** ☐ Change ☒ Addition
NAME **Johnson, Robert L.**
STREET ADDRESS **1548 The Greens Way, #4**
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

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

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

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

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

TITLE **VD** ☐ Delete
NAME **TREADWELL, FRANK E**
STREET ADDRESS **1548 THE GREENS WAY, SUITE 4**
CITY-ST-ZIP **JAX BCH FL 32250**

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

TITLE **AS** ☐ Delete
NAME **BUCKNER, JUDY V**
STREET ADDRESS **1548 THE GREENS WAY, SUITE 4**
CITY-ST-ZIP **JAX BCH FL 32250**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Signature and Typed or Printed Name of Signing Officer or Director
Frances F. Hutchinson Secretary

4/9/03 (904) 285-6921

Date

Daytime Phone #

CR2E034 (10/02)