

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001017

1. Entity Name

FISHER HAMILTON INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90072 003 ***150.00

Principal Place of Business

1316 18TH STREET
TWO RIVERS WI 54241
US

Mailing Address

1316 18TH STREET
TWO RIVERS WI 54241-3059
US

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

39-1744782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$3.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BROWN, J M
STREET ADDRESS 1316 18TH STREET
CITY-ST-ZIP TWO RIVERS WI

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

TITLE VP ☐ Delete
NAME STRAUSSER, ALBERT I
STREET ADDRESS 1316 18TH STREET
CITY-ST-ZIP TWO RIVERS WI 54241

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

TITLE VP ☐ Delete
NAME ROHLMEIER, CHARLES
STREET ADDRESS 1316 18TH STREET
CITY-ST-ZIP TWO RIVERS WI 54241

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

TITLE VPD ☐ Delete
NAME DUCHENE, TODD M
STREET ADDRESS LIBERTY LANE
CITY-ST-ZIP HAMPTON NH

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

TITLE VP ☐ Delete
NAME ROHLMEIER, CHARLES
STREET ADDRESS 1316 18TH STREET
CITY-ST-ZIP TWO RIVERS WI

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

TITLE VTD ☐ Delete
NAME MEISTER, PAUL M
STREET ADDRESS LIBERTY LANE
CITY-ST-ZIP HAMPTON NH 03842

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:

Wendy J. Leist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00 920794-6309

CR2E034 (9/99)