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

## DOCUMENT #

Principal Place of Business

2445 SOUTH EAST FEDERAL HIGHWAY

F9900006216

1. Entity Name

FISCHER AUTOMOTIVE GROUP, INC.



Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90148 050 \*\*\*150.00

Mailing Address 2445 SOUTH EAST FEDERAL HIGH	• WAY	

STUART FL 34994-4530			STUART FL 34994-4530										
Principal Place of Business 3. Mailing Address										<b>   </b>			
Suite, Apt. #, etc. Suite, Apt. #, etc.									CHECK HERE IF MAKING CHANGES				
City & State				City & State				38-3700867				Applied For	
Zip		Country	Zip Coi			ntry			_5Certificate.of.Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current F	legistere	d Agent			7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM					Name .								
		SLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)							
	ON FL 333								. 100 11007				
		-				City				FL	Zip Co	de	
• The above	named estitu	coulomita this statement for	the num	and of aboveing its	va a latav				and authority in the Charles of Florida				
	ions of regist		trie purp	ose of changing its	registere	ea onice or r	egistere	ea age	ent, or both, in the State of Florida	. i am ia	ımıllar witr	i, and accept	
SIGNATURE .	C:		100 9	F 11									
		or printed name of registered agent ar	id lide ii app	ilcabie. (NOTE	: Registere	d Agent signature	e requirea v	wnen re	nnstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						* *			9. Election Campaign Financi	~ —		<b>00</b> May Be	
Make Check Payable to Florida Department of State								Trust Fund Contribution.	Ц	Adde	ed to Fees		
10.		OFFICERS AND D	DIRECTO	RS	11.			AD	DITIONS/CHANGES TO OFFICER	RS AND	DIRECTO	RS IN 11	
TITLE	PRES	A.S. 5		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	FISCHER,		LRA/AV		NAM								
STREET ADDRESS City-St-Zip						ET ADORESS - ST- ZIP							
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NAME	HAYDEN, 1				NAMI	E							
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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 recover or trivstee 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:** 

772-287-2424