## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **G61026** Apr 12, 2000 8:00 am Secretary of State FISHER AUCTION CO., INC. 04-12-2000 90064 034 \*\*\*158.75 Mailing Address Principal Place of Business 431 N E FIRST ST 431 N E FIRST ST POMPANO BCH FL 33060-6201 POMPANO BCH FL 33060 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2342559 Not Applicable -Country \$8.75 Additional - Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISHER LOUIS B JR Street Address (P.O. Box Number is Not Acceptable) 431 NE 1ST STREET POMPANO BCH FL 33060 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PD TITLE ☐ Change Addition ☐ Delete TITLE FISHER, LOUIS B. JR NAME NAME STREET ADDRESS 431 NE 1ST STREET STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP POMPANO BCH. FL Change ☐ Addition ☐ Delete TITLE TITLE FISHER, LOUIS B. III NAME STREET ADDRESS STREET ADDRESS **431 NE 1ST STREET** CITY-ST-ZIP CITY-ST-7IP POMPANO BCH. FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE FISHER, LOUIS B. III NAME NAME STREET ADDRESS STREET ADDRESS 431 NE 1ST STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH. FL ☐ Addition ☐ Change ☐ Delete TIT! F FISHER, LAMAR P. NAME STREET ADORESS STREET ADDRESS 431 NE 1ST STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH. FL Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of instead empowered 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:

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9549420917

Daytime Phone #