

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90576 039 \*\*\*\*\*50.00

**DOCUMENT # L02000031362**

1. Entity Name  
**FITZGIBBONS & PFISTER P.L.**



Principal Place of Business  
**219 N. JOHN YOUNG PKWY  
KISSIMMEE, FL 34741**

Mailing Address  
**219 N. JOHN YOUNG PKWY  
KISSIMMEE, FL 34741**

2. Principal Place of Business  
**20 SOUTH BIDE AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Kissimmee, FL**  
Zip  
**34741** Country  
**USA**

City & State  
City  
Country

4. FEI Number  
**48-129-1262** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET  
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

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 *Mary E. Fitzgibbons*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**MARY E. FITZGIBBONS**

**FILE NOW!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MARY ELIZABETH FITZGIBBONS  
219 N. JOHN YOUNG PKWY  
KISSIMMEE, FL 34741** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PFISTER, GARY F  
219 N. JOHN YOUNG PKWY  
KISSIMMEE, FL 34741** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mary E. Fitzgibbons*  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/29/03 407-343-1777**

Date

Daytime Phone #

**MARY E. FITZGIBBONS - MANAGER**

CR2E083 (10/02)