

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90899 042 ****50.00

DOCUMENT # L02000034745

1. Entity Name

FISHBRO, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

55 PLAZA Dr

Suite, Apt. #, etc.

3. Mailing Address

55 PLAZA Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach, FL

City & State

Ormond Beach FL

4. FEI Number

05-0549191

Applied For

Not Applicable

Zip

32176

Country

US

Zip

32176

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jack C. Fisher

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

55 PLAZA Dr.

City

Ormond Beach

FL

Zip Code

32176

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

Jack C. Fisher

DATE

4/7/03

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

Jack C. Fisher - Partner
55 PLAZA Dr
Ormond Beach FL 32176

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

Carroll L. Fisher III - Partner
1210 Riverbreeze Blvd.
Ormond Beach FL 32176

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Jack C. Fisher

4/7/03

386-441-8138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)