2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # L25174** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name HENRY FISCHER & SONS LEASING, INC. 04-21-2000 90179 008 ***150.00 Principal Place of Business Mailing Address 10729 U.S. HIGHWAY 1 10729 U.S. HIGHWAY 1 SEBASTIAN FL 32958 SEBASTIAN FL 32958-8441 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0175992 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISCHER, HENRY ANTHONY Street Address (P.O. Box Number is Not Acceptable) 10729 U.S. HIGHWAY #1 SEBASTIAN FL 32958 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. DATE (NOTE: Registered Agent signature required when reinstating) inted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition TITLE ☐ Delete FISCHER, HENRY ANDREW NAME NAME 10729 US #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE FISCHER, HENRY ANDREW NAME NAME 10729 U.S. HIGHWAY 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL -CITY-ST-ZIP -Change ☐ Addition ☐ Delete TITLE TITLE FISCHER, HENRY ANDREW NAME NAME 10729 US #1 STREET ADDRESS STREET ADDRESS SEBASTIAN FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE FISCHER, ERIC NAME NAME 10729 U.S. HIGHWAY 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME 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 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.