

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006265

1. Entity Name
FISCHER & PFEFFER, P.L.

Principal Place of Business
5700 LAKE WORTH ROAD
STE 304
LAKE WORTH FL 33463

Mailing Address
5700 LAKE WORTH ROAD
STE 304
LAKE WORTH FL 33463-3275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0951210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED
00 MAR 27 AM 8:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCHER, BRIAN S
5700 LAKE WORTH RD
STE 304
LAKE WORTH FL 33463

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Attorney
NAME BRIAN S. FISCHER
STREET ADDRESS 17118 GOLF Pine Circle
CITY-ST-ZIP Wellington FL 33414
MG-RM

TITLE Attorney
NAME Louis P. Pfeiffer
STREET ADDRESS 4625 S.W. Country Pl.
CITY-ST-ZIP Palm City, FL 34990
Change Addition

TITLE Attorney
NAME Louis Pfeiffer
STREET ADDRESS 4625 S.W. Country Pl.
CITY-ST-ZIP Palm City, FL 34990
MG-RM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003204376--6
-04/11/00--01120--016
*****50.00 *****50.00
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

X / MARCH 00

X 561-963-7350

Date

Daytime Phone #

CR2E083 (9/99)