


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT -7 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000045559 1. Entity Name GWENDOLYN KIM MARTIN FISHER, P.A.	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 36 ALHAMBRA STREET Suite, Apt. #, etc.	3. Mailing Address 36 ALHAMBRA STREET Suite, Apt. #, etc.
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City & State PONTE VEDRA BEACH, FL	City & State PONTE VEDRA BEACH, FL
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Zip 32082	Country USA	Zip 32082	Country USA
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4. FEI Number 59-3684434	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name GWENDOLYN KIM M. FISHER	
Street Address (P.O. Box Number is Not Acceptable)	
36 ALHAMBRA STREET	
City PONTE VEDRA BEACH	FL Zip Code 32082

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relinquishing) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GWENDOLYN KIM M. FISHER 36 ALHAMBRA STREET PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gwendolyn K.M. Fisher 10/1/03 904-241-2533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

2/10/15



- ✓ *Income Tax Service*
- ✓ *Financial & Insurance Services*
- ✓ *Accounting & Bookkeeping Services*

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
[www.triplechecktax.com](http://www.triplechecktax.com)

October 2, 2003

Division of Corporations  
Annual Reports Filing  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Uniform Business Report  
Document #P00000045559; GWENDOLYN KIM MARTIN FISHER, P.A.

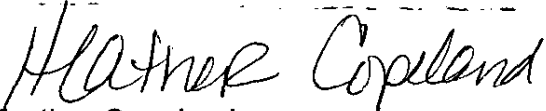
Dear Sir/Madam,

Please see the enclosed Uniform Business Report form for our client listed above. We are requesting that you accept her application and payment of \$150.00, for the year 2003.

Mrs. Fisher, President of the above Corporation, did not receive her report for the referenced period. Upon our annual review of her account along with your web site, it was determined that she had not filed the Uniform Business Report for the current year. She has always filed her government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

  
Heather Copeland

Enclosures: Uniform Business Report  
Check: #2862