2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am P00000078341 DOCUMENT # **Secretary of State** 1. Entity Name 02-20-2002 90068 043 ***150.00 FISHER, GAILLARD AND ASSOCIATES, INC. Principal Place of Business Mailing Address 121 SUNSET COVE LANE 132 SUNSET COVE LANE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1042339 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISHER, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 132 SUNSET COVE LANE PALM BEACH GARDENS FL 33418 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9 This corporation is eligible to satisfy its Intangible 10.-Election:Campaign:Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition FISHER, KATHLEEN NAME NAME 132 SUNSET COVE LANE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition VAME NAME STREET ADDRESS STREET ADDRESS . Dity-St-Zip CITY-ST-ZIP ITLE ☐ Delete TITLE ☐ Change Addition IAME NAME STREET ADDRESS TREET ADDRESS

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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

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FURE RIKATHLEEN STISHER

CR2E034 (9/01)

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