## **FILED** Apr 14, 2003 8:00 am \$ Secretary of State

04-14-2003 90740 009 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P01000006406

1. Entity Name

FISCHER APARTMENT & HOUSE SERVICES, INC.



Suite, Apt. #, etc.   Guite, Apt. #, etc.   GHECK HERE IF MAKIN  City & State   City & State   Country   Zip   Country   5. Certificate of Status Desired   General Properties of Status Desired   Towns and Address of Current Registered Agent   Towns and Address of New Registered   Towns and Address of New Registered Agent   Towns and Address of New Registered   Towns and Address   Towns and Address of New Registered   Towns and Address   Towns and Address of New Registered   Towns and Address   Towns and Address   Towns and Address   Towns and Address of New Registered   Towns and Address   Towns and Address of New Registered   Towns and Address of New Registered   Towns and Address   Towns and Address of New Registered   Towns and Address   T		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  FISCHER, WALTER  5303 CHIQUITA BLVD S  CAPE CORAL FL 33914  City  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CAPE CORAL FL 33914  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME	ITA BLVD S	
City & State  Country  Country  5. Certificate of Status Desired   6. Name and Address of Current Registered Agent  7. Name and Address of New Registered  FISCHER, WALTER  5303 CHIQUITA BLVD S  CAPE CORAL FL 33914  City  FILE  6. 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 the obligations of registered agent.  Signature hyped or primed name of registered agent and late if applicable  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AN ITILE  NAME  FISCHER, WALTER  OPEN  COUNTRY  STREET ADDRESS  CITY ST-ZIP  TITLE  NAME  STREET ADDRESS  C	2. Principal Place of Business Suite, Apt. #, etc.	
Country   Zip   Country   Zip   Country   5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered FISCHER, WALTER 5303 CHIQUITA BLVD S CAPE CORAL FL 33914  City  FIL  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 the obligations of registered agent.  SIGNATURE  Signature, typed or primed name of registered agent and lafe if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AN ITILE  MAKE  SIREET ADDRESS  GRIFF ADDRESS	City & State	
FISCHER, WALTER 5303 CHIQUITA BLVD S CAPE CORAL FL 33914  Street Address (P.O. Box Number is Not Acceptable)  City  File  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 the obligations of registered agent and site if applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  TITLE  MAKE  TOP TO  FISCHER, WALTER  STREET ADDRESS STRY-ST-ZIP  THE  VSD  GEURTSEN-FISCHER, ANITA S303 CHIQUITA BLVD S CAPE CORAL FL 33914  THE  MAKE  Delete  THE  NAME  THE  MAKE  Delete  THE  NAME	Count	Not Applicable  \$8.75 Additional Fee Required
Street Address (P.O. Box Number is Not Acceptable)  Cape Coral Fl 33914  City  City  File  6. 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 the obligations of registered agent.  SIGNATURE  Signature, typed or primed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AN DIRECTORS  TITLE  NAME  FISCHER, WALTER  5303 CHIQUITA BLVD S  CAPE CORAL FL 33914  TITLE  NAME	6. Name and Address of Current Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  File  B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tatle if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AN DIRECTORS  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CAPE CORAL FL 33914  TITLE  NAME  STREET ADDRESS  CAPE CORAL FL 33914  TITLE  NAME  STREET ADDRESS  CAPE CORAL FL 33914  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CAPE CORAL FL 33914  TITLE  NAME  STREET ADDRESS  CAPE CORAL FL 33914  TITLE  NAME  STREET ADDRESS  STREET ADDRESS		<del>-</del>
CAPE CORAL FL 33914  City  FI  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 the obligations of registered agent.  SIGNATURE    Signature, typed or primad name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstaing)    DATE		
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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 of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an additional properties.

SIGNATURE: