

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90244 045 ***150.00

DOCUMENT # P01000054274



1. Entity Name
MICHAEL FLETCHER P.A.

Principal Place of Business
**1592 PARKWOOD COURT W
NICEVILLE FL 32578**

Mailing Address
**1592 PARKWOOD COURT W
NICEVILLE FL 32578**



2. Principal Place of Business
811 Turnberry Way
Suite, Apt. #, etc.

3. Mailing Address
811 Turnberry Way
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Niceville, FL
Zip
32578

City & State
Niceville, FL
Zip
32578

4. FEI Number
59-3725199

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLETCHER, MICHAEL
1592 PARKWOOD COURT W
NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
811 Turnberry Way
City **Niceville** FL Zip Code **32578**

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 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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV FLETCHER, MICHAEL 1592 PARKWOOD COURT W NICEVILLE FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLETCHER, MICHAEL 1592 PARKWOOD COURT W NICEVILLE FL 32578	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	811 Turnberry Way Niceville, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	811 Turnberry Way Niceville, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF MICHAEL FLETCHER Date 2/10/03 Daytime Phone # _____

CR2E034 (10/02)