| 2002   | 2 UNII                            | FOR           | M BUSI                    | NESS REPO  | RT           | (UBI                    | R)   |   |                                      | 2.         |                             |                             | 0381           |
|--|-----------------------------------|---------------|---------------------------|--|--------------|-------------------------|--|---|--------------------------------------|------------|-----------------------------|-----------------------------|----------------|
| DOCUI  |                                   | #             | P0100                     | 0056327  |              |                         |  | FILED .   |                                      |            |                             |                             | 206<br>A       |
| BYRON L. FISHER, INC.  |                                   |               |                           |  |              |                         |  | 02 JUL 16 PM 3: 44  |                                      |            |                             |                             | ~              |
| Principal Plac<br>6996 ASHTON<br>BOYNTON BE  | ł ST.                             |               |                           | Mailing Address<br>6996 ASHTON ST.<br>BOYNTON BEACH FL 33437 |              |                         | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA         |   |                                      |            |                             |                             |                |
| Principal Place of Business     3. Mailing Address   |                                   |               |                           |  |              |                         |  |   |                                      |            |                             |                             |                |
| 2. Principal P   | lace of Busin                     | iess          |                           | 3. Mailing Address   |              |                         |  |   | ,<br>4                               |            |                             |                             |                |
| Suite, Apt. #, etc.  |                                   |               |                           | Suite, Apt. #, etc.  |              |                         |  | DO NOT WRITE IN THIS SPACE  |                                      |            |                             |                             |                |
| City & State   |                                   |               |                           | City & State   |              |                         |  | <b>4.</b> F   | El Number                            |            | 1 T-1                       | oplied For<br>ot Applicable | }              |
| Zip  | p Country                         |               | ГУ                        | Zip  |              | ountry                  |  | 5. (  | Certificate of Status Desired        |            | 8.75 Add                    | ditional                    | 1              |
| 6. Name and Address of Current Registered Agent  |                                   |               |                           |  |              |                         |  | 7. N  | lame and Address of New Reg          | istered A  | gent                        |                             | 1              |
| FISHER, BYRON L  |                                   |               |                           |  |              |                         |  | •   |                                      |            |                             | •                           |                |
| 6996 ASHTON ST.  |                                   |               |                           |  |              |                         | Street Address (P.O. Box Number is Not Acceptable) |   |                                      |            |                             |                             | .]             |
| BOYNTON BEACH FL 33437   |                                   |               |                           |  |              |                         |  |   |                                      |            |                             |                             | 1              |
| · .  |                                   |               |                           |  |              |                         | City FL Zip Code                                   |   |                                      |            |                             |                             |                |
| 8. The above   | named entity                      | v submits     | this statement for        | the purpose of changing its                                  | register     | ed office o             | r register   | ed aq   | ent, or both, in the State of Florid |            |                             |                             | 1              |
|  | •                                 | •             |                           |  | Ü            |                         | J  | J   |                                      |            |                             |                             |                |
| SIGNATURE.   | Signature, typed                  | or printed na | me of registered agent an | d title if applicable. (NOTE                                 | : Registere  | ed Agent signat         | ure required                                       | when re   | instating)                           | DATE       |                             | <del></del>                 |                |
| This corporation is eligible to satisfy its Intangible     FILE NOW!!!  The corporation is eligible to satisfy its Intangible  FILE NOW!!! |                                   |               |                           |  |              |                         |  |   | .  10. Election Campaign Finance     | cing       | \$5.0                       | <b>0</b> May Be             | 1              |
| Tax filing requirement and elects to do so.  (See criteria on back)  |                                   |               |                           | After May 1, 200<br>Make Check Payab                         |              |                         |  | Trust Fund Contribution.  |                                      | Added      | to Fees                     |                             |                |
| 11. OFFICERS AND D   |                                   |               |                           | IRECTORS ·   |              |                         | AD   | DITIONS/CHANGES TO OFFICE   | RS AND I                             | DIRECTORS  | S IN 11                     | 1_                          |                |
| TITLE D  NAME . STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437  |                                   |               |                           | ☐ Delete   | NAMI<br>STRE |                         |  | YRON" - YOU MADE ELADA IN Change A<br>IN SPECIAL IT IS SPECED<br>CARECTLY IN 2 PLACE ABOVE. |                                      |            |                             |                             | CR2E034 (9/01) |
| CITY-ST-ZIP<br>TITLE   | D                                 | BEAUT         | I FL 3343/                |  | TITL         | '-ST-ZIP                |  |   | CORRECTLY IN Z                       | PURCE      | <i>▼ A B DV</i><br>□ Change | Addition                    | 12             |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | REIS, MA.<br>345 E. 73<br>NEW YOR | rd. Str       |                           | ☐ Delete   | NAM<br>Stri  |                         |  |   | •                                    |            | ∟ Change                    | Audition                    |                |
| TITLE<br>NAME  | -                                 | *             |                           | ☐ Delete   | TITL         | E<br>IE                 |  |   | 80000641<br>-07/17/00                | 719<br>010 |                             | Addition                    | -              |
| STREET ADDRESS .<br>CITY-ST-ZIP  |                                   |               |                           | •  |              | EET ADDRESS<br>'-ST-ZIP |  |   | ****150                              | 00 *       | :***15(                     | ).00                        |                |
| TITLE<br>NAME<br>STREET ADDRESS  |                                   |               |                           | ☐ Delete   |              | ne<br>Eet address       |  |   |                                      |            | ☐ Change                    | ☐ Addition                  |                |
| CITY-ST-ZIP TITLE NAME   |                                   | •             |                           | ☐ Delete   | TITL NAM     |                         |  |   |                                      |            | ☐ Change                    | ☐ Addition                  |                |
| STREET ADDRESS .<br>CITY-ST-ZIP  |                                   |               |                           |  | CITY         | ET ADDRESS<br>'-ST-ZIP  |  |   |                                      |            |                             |                             |                |
| TITLE  |                                   |               |                           | ☐ Delete   | TITL         | E                       | <b>]</b> .   |   | •                                    |            | ☐ Change                    | ☐ Addition                  |                |

STREET ADDRESS CITY-ST-ZIP

4/2/2002 561/742-7642

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

STREET ADDRESS

SIGNATURE:

## BYRON L. FISHER, Inc.

6996 Ashton Street Boynton Beach, FL 33437-6043 Phone: 561/742-7642

July 8, 2002

Florida Department Of State Division Of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Uniform Business Report Section** 

I followed your advice to file my report online as you said it was easier and faster.

I completed all the pages and completed the billing information page with my American Express Platinum card (over \$100,000 of charges allowed) and the hit the pay now button but I got back a payment error message — unable to authorize funds for payment at this time!

I called American Express and was told it was OK on their end so it must have been a problem on your end. They said wait a few days and try again. I tried several more times in February and again in March and finally gave up. So I called your office on April 2<sup>nd</sup> and was told you had my filing and to put the charge through again and it would be OK which as you can see by the April 2<sup>nd</sup> copy I did and did not get back a rejection so I assumed it was OK.

I did not hear from you until I received the late payment notice the other day so I called your office and explained the <u>problem</u> to the nice man who said that you had some problems back then and now to mail all the papers including all of your forms with a check for \$150.00 back to you which is what is in this package and all would be O.K. After this experience I will never file online again.

Respectfully yours,

Byron L. Fisher