

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90102 025 \*\*\*150.00

**DOCUMENT # P01000072791**

1. Entity Name  
**KAMMIE J. FISHER, INC.**

Principal Place of Business

102 WEST TARGA COURT  
 TAMPA FL 33606

Mailing Address

102 WEST TARGA COURT  
 TAMPA FL 33606

2. Principal Place of Business

**102 W. TARGA CT.**

Suite, Apt. #, etc.

3. Mailing Address

**102 W. TARGA CT**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA, FL**

4. FEI Number

**59-3734174**

☒ Applied For

☐ Not Applicable

Zip **33606**

Country **U.S.A.**

Zip **33606**

Country **U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SOUTHWEST 22 STREET**  
**4TH FLOOR**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **FISHER, KAMMIE J**  
 CITY-ST-ZIP **102 WEST TARGA COURT**  
**TAMPA FL 33606**

TITLE ☐ Delete  
 NAME **DeGhetto, Tony**  
 STREET ADDRESS **102 W. TARGA CT.**  
 CITY-ST-ZIP **TAMPA, FL. 33606**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
 NAME **Vice President - CV**  
 STREET ADDRESS **TONO DeGhetto**  
 CITY-ST-ZIP **102 W. TARGA CT.**  
**TAMPA, FL. 33606**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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.

**SIGNATURE: Kammie J. Fisher** **KAMMIE J. FISHER** **24 July 02** **728-5990**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

# PD1000072791

24 July 02

To Whom It May Concern -

I was deployed from 21 Jun 02 - 15 Jul 02 and did not get the information about the 2002 Uniform Business Report. I called this week about my payment and I was told to write a brief explanation (I've included a copy of my orders for your reference) and a check for \$150.

Please let me know if you require any additional information.

Sincerely,

Kammie J. Fisher

PHONE: (813) 728-5990

#R01000072791

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations (JTR), Chapter 3) (Read Privacy Act Statement on back before completing form.)						1. DATE OF REQUEST (YYYYMMDD) 20020102	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) FISHER, KAMMIE J.			3. SOCIAL SECURITY NUMBER 589-24-5641		4. POSITION TITLE AND GRADE/RATING Capt, USAF		
5. LOCATION OF PERMANENT DUTY STATION (PDS) 6TH AIR MOBILITY WING MACDILL AFB, FL				6. ORGANIZATIONAL ELEMENT Attached for duty at HQ EUCOM ECJ4-J, MLT Moldova		7. DUTY PHONE NUMBER (Include Area Code) DSN (314) 430-4365	
8. TYPE OF ORDERS TDY		9. TDY PURPOSE (See JTR, Appendix H) Perform duties as the Operations Officer for MLT Moldova		10. APPROX. NO. OF TDY DAYS (Including travel time) 179		11. PROCEED DATE (YYYYMMDD) 20020121	
11. ITINERARY From: Macdill AFB, FL To: Chisinau, Moldova To: Stuttgart, Germany (07 Mar - 15 Mar 02) To: Chisinau, Moldova To: Stuttgart, Germany for outprocessing      Return: Macdill AFB, FL							
12. TRANSPORTATION MODE							
a. COMMERCIAL RAIL <input type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> SHIP <input type="checkbox"/>				b. GOVERNMENT AIR <input type="checkbox"/> VEHICLE <input type="checkbox"/> SHIP <input type="checkbox"/>		c. LOCAL TRANSPORTATION CAR RENTAL <input checked="" type="checkbox"/> TAXI <input type="checkbox"/> OTHER <input type="checkbox"/>	
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				PRIVATELY OWNED CONVEYANCE (Check one) RATE PER MILE: <input type="checkbox"/> <input type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR			
13. <input checked="" type="checkbox"/> a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.				b. OTHER RATE OF PER DIEM (Specify)			
14. ESTIMATED COST							
a. PER DIEM \$ 10,750.00		b. TRAVEL \$ 3,505.00		c. OTHER \$ 635.00		d. TOTAL \$ 14,890.00	
15. ADVANCE AUTHORIZED \$ 0							
16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.) TDY Purpose: To conduct official business for Headquarters, U.S. European Command in connection with the Joint Contact Team Program (JCTP) under Para/Line# MOL-003. The period of duty is from 22 Jan - 19 Jul 02.  You are required to submit accrued travel vouchers for every 30 days of TDY. You must also file a final travel voucher within 5 days of completion of this order. Submit your claim/voucher to servicing finance officer. Provide a copy of the Travel Voucher Summary (showing actual reimbursement received by traveler) and copies of airline tickets purchased to HQ USEUCOM, Unit 30400, APO AE 09131, ATTN: ECJ4-J/RM or fax to DSN (314) 430-6180. Commercial +49-711-680-6180. Government meals are not available or directed. Lodging in the Chisinau, Moldova is provided by government contract. Rental car authorized while TDY in Stuttgart, Germany. Authorized 210lbs total weight including excess baggage. Valid tourist or official passport, Visa for Moldova and government credit card required. Hand-carry medical records to TDY location.							
17. TRAVEL-REQUESTING OFFICIAL (Title and signature)  HAWN P. JOHNSON, SSG, USA, Personnel NCO, JCTP				18. TRAVEL-APPROVING/DIRECTING OFFICIAL (Title and signature)  THOMAS J. MOFFATT, MAJ, USA, Personnel Officer JCTP			
AUTHORIZATION							
19. ACCOUNTING CITATION 21-2 2020.94 1031 134113.00 21T1 (\$3,505) 21T2 (\$11,385) (FIS5641TD20102) L9Q4 091533							
20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature)  JAY E. LINDELL, Col, USAF, Chief, Joint Contact Team Program				21. DATE ISSUED (YYYYMMDD) 20020102			
				22. TRAVEL ORDER NUMBER JCTP-01-02			