

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

DOCUMENT # P02000111344

1. Entity Name

IN THE PUBLIC TRUST, INC.



FILED

03 OCT -7 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

36 ALHAMBRA STREET

Suite, Apt. #, etc.

3. Mailing Address

36 ALHAMBRA STREET

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

Zip
32082

Country
USA

Zip
32082

Country
USA

4. FEI Number

14-1852337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JAN D. FISHER

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

36 ALHAMBRA STREET

City PONTE VEDRA BEACH

FL

Zip Code
32082

**DO NOT WRITE
IN THIS SPACE**

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 reimbursing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DPST	JAN D. FISHER	36 ALHAMBRA STREET	PONTE VEDRA BEACH, FL 32082
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN D. FISHER

Date

10/1/03

904-241-2533

Daytime Phone #

CR2E034B (12/02)



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 2, 2003

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

RE: Uniform Business Report
Document #P02000111344; IN THE PUBLIC TRUST, INC.

Dear Sir/Madam,

Please see the enclosed Uniform Business Report form for our client listed above. We are requesting that you accept the application and payment of \$150.00, for the year 2003.

Mr. Fisher, President of the above Corporation, did not receive his report for the referenced period. Upon our annual review of his account along with your web site, it was determined that he had not filed the Uniform Business Report for the current year. He has always filed his government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Heather Copeland'.

Heather Copeland

Enclosures: Uniform Business Report
Check: #1069