## 2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE:

## May 19, 2002 8:00 am Secretary of State P92000013092 DOCUMENT # 1. Entity Name 05-19-2002 90045 028 \*\*\*150.00 FLETCHER & COMPANY INC. Mailing Address Principal Place of Business 612 N ORANGE AVENUE 612 N ORANGE AVENUE エルしりょう B-3?\_\_. B-32/\_ JUPITER FL 33458 JUPITER FL 33458 US Mailing Address 2. Principal Place of Business UN. DRAN Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0372498 Not Applicable Count \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLETCHER, RANDY Box Number is Not Acceptable ALACIE 1211 CHICKASAW STREET JUPITER FL 33458 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FLETCHER, RANDY STREET ADDRESS STREET ADDRESS 17435 SAPP PLACE CITY-ST-ZIP CITY-ST-ZIP Jupiter FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME SYLVESTER, JOYCE STREET ADDRESS STREET ADDRESS 17435 SAPP PLACE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME BAARSLAY, ERIC STREET ADDRESS STREET ADDRESS 371 RIVERSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL** ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED