Mailing Address

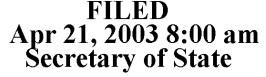
PO BOX 1219

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** P93000015588 DOCUMENT # 1. Entity Name FLETCHER REALTY III, INC.

Principal Place of Business

1548 THE GREENS WAY

NAME STREET ADDRESS



04-21-2003 90471 029 ***150.00

11002372

JAK BOH FL 32290 US 2. Principal Place of Business Sulte, Apt. #, etc. Sulte, Apt. #, etc. CHECK HERE IF MAKING CHANGES Sulte, Apt. #, etc. Sulte, Apt. #, etc. CHECK HERE IF MAKING CHANGES Zip Country Zip Country S. Certificate of Stetus Desired \$8.75 Additional Fee Required Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. Na	4		PONTE VEDRA BCH FL 32004						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. Applied For For Required S. Name and Address of Current Registered Agent TREADWELL, FRANK E 1548 THE GREENS WAY APT 4 JACKSONVILLE BEACH FL 32250 City FL Zip Code City C	JAX BCH FL 3	2250	US				i Beril aa nei habe belah bila	1 1818 I 1911 I 18 1	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. Applied For For Required S. Name and Address of Current Registered Agent TREADWELL, FRANK E 1548 THE GREENS WAY APT 4 JACKSONVILLE BEACH FL 32250 City FL Zip Code City C							 		
City & State Country Country Country Country So. Certificate of Status Desired Sa. 75. Additional Fee Required Reagained Reagained Reagained Street Address of New Registered Agent Name N	2. Principal Place of Business		3. Mailing Address				1 BBLIG BBCB1 11861 BILB1 EIGB	 	
Second S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Size Country Zip Country Size	City & State	е	City & State		4.	E0.0170007			
Sireet Address of Current Registered Agent TREADWELL, FRANK E 1548 THE GREENS WAY APT 4 JACKSONVILLE BEACH FL 32250 Sireet Address (PO. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Signature, speed or priest agent and 150 e application. NOTE: Registered Agent signature required when rematishing in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridd Department of State DP FLETCHER, PAUL Z STREET ADDRESS TITLE VOT JOPICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VOT JOPICERS AND DIRECTORS TITLE VOT JORNON STEP ADDRESS 1548 THE GREENS WAY STE 4 JORNON STEP ADDRESS 1548 THE GREENS WAY STE 5 JOPY-ST-2P JAW BOH FL 32250 VOT TITLE VOT JOPICERS AND DIRECTORS IN 11 TITLE VOT JORNON STEP ADDRESS STREET ADDRE						33 3 11 2021			
TREADWELL, FRANK E 1548 THE GREENS WAY APT 4 JACKSONVILLE BEACH FL 32250 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 priced name of registered agent and title if applicable. NOTE: Registered Agent agreative required when restating) PLET NOW!!! FEE IS \$150.00 After May 1, 2003 Fee vill be \$550.00 Make Chéck Payable to Florida Department of State DP	Zip Country		Zip Country		5.				
TREADWELL, FRANK E 1548 THE GREENS WAY APT 4 JACKSONVILLE BEACH FL 32250 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee visil be \$550.00 Make Check Payable to Floridad Department of State 10: OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ITTLE VD CHANGE FLETCHER, PAUL Z SIRRET ADDRESS 1548 THE GREENS WAY STE 4 JAX BCH FL 32250 TITLE VDT Delete TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete Delete Delete TITLE Delete Delete Delete Delete Delete TITLE Delete Dele		6. Name and Address of Current F	Registered Agent		7.	7. Name and Address of New Registered Agent			
1548 THE GREENS WAY APT 4 JACKSONVILLE BEACH FL 32250 B. The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hypad or printed name of registered agent and tile if applicable. (NOTE: Angistered Agent signature required whan remataring)				Name	Name				
1548 THE GREENS WAY APT 4 JACKSONVILLE BEACH FL 32250 B. The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hypad or printed name of registered agent and tile if applicable. (NOTE: Angistered Agent signature required whan remataring)	TREADWE	I FRANK F							
APT 4 JACKSONVILLE BEACH FL 32250 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, hybrid or printed name of registered agent and title if applicable. (NOTE: Registered Agent algrouve required when resetations) PATE (NOTE: Registered Agent algrouve required when resetations) PATE JOAN 1203 Fee vitil be \$550.00 Make Check Payable to Florids Department of State 10:			Street Address (aaress (P.O.)	P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its 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 disapplicable. (NOTE: Registered Agent signature required when reinstating) DATE		GREENS WAT							
SIGNATURE Signature, typed or printed name of registered agent and 186 8 applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00	JACKSONVILLE BEACH FL 32250			City	City FL Zip Code				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridat Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridg Department of State 10. POPULATION OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP DP Delete FLETCHER, PAUL Z STREET ADORESS 1548 THE GREENS WAY STE 4 CITY-ST-ZIP NAME STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE VDT Delete NAME STREET ADORESS STREET ADORESS STREET ADORESS STREET ADORESS STREET ADORESS STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE VDT Delete NAME STREET ADORESS STREET ADORESS STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE VDT Delete NAME STREET ADORESS STREET ADORESS STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE VD Delete NAME STREET ADORESS STREET ADORESS STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE VD Delete TITLE VD DELETCHER, JEROME S STREET ADORESS STREET ADORESS STREET ADORESS STREET ADORESS STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE VD DELETCHER, JEROME S STREET ADORESS STREET ADORESS STREET ADORESS STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE NAME TREADWELL, FRANK E STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE NAME TREADWELL, FRANK E STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE NAME STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE ADDITIONS CHANGES FILE ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE STREET ADORESS CITY-ST-ZIP JAX BCH FL 32250 TITLE ADDITIONS CHANGES FILE TITLE TITLE JOHN CHANGES FILE ADDITIONS CHANG	Signature, based or printed game of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation)								
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	Signature, Apper of Prince American Conference Conferen								
Make Check Payable to Floridg Department of State Trust Fund Contribution						9. Election Campaign Fin	ancing \$5.	00 May Be	
OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP FLETCHER, PAUL Z SIREET ADDRESS CITY-ST-ZIP JAX BCH FL 32250 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S HUTCHINSON, FRANCES F 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VD NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	, After		Ctata			Trust Fund Contribution	n. 🔲 Adde	ed to Fees	
TITLE NAME DP Delete TITLE DP Delete TITLE DP Delete TITLE DP Delete DP Delete DP DP DP DP DP DP DP D	<u> </u>							50 104 44	
NAME STREET ADDRESS CITY-ST-ZIP JAX BCH FL 32250 TITLE VDT Delete TITLE STREET ADDRESS CITY-ST-ZIP JAX BCH FL 32250 TITLE VDT DELETCHER, JEROME S STREET ADDRESS CITY-ST-ZIP JAX BCH FL 32250 TITLE VDT DELETCHER, JEROME S STREET ADDRESS CITY-ST-ZIP JAX BCH FL 32250 TITLE V TREADWELL, FRANK E STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETCHER, JEROME S STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S S DELETCHER, PAUL Z STREET ADDRESS CITY-ST-ZIP AX BCH FL 32250 TITLE S S DELET	1 1 2 2		DIRECTORS	11.		DDITIONS/CHANGES TO OFFI			
STREET ADDRESS CITY-ST-ZIP JAX BCH FL 32250 TITLE VDT FLETCHER, JEROME S 1548 THE GREENS WAY STE 4 CITY-ST-ZIP JAX BCH FL 32250 TITLE NAME STREET ADDRESS CITY-ST-ZIP JAX BCH FL 32250 TITLE V TREADWELL, FRANK E 1548 THE GREENS WAY JAX BCH FL 32250 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S HUTCHINSON, FRANCES F STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME		- ·	☐ Delete			m 1 L 7	☐ Change	Addition	
CITY-ST-ZIP JAX BCH FL 32250 TITLE VDT Delete TITLE NAME FLETCHER, JEROME S 1548 THE GREENS WAY JAX BCH FL 32250 TITLE V TREADWELL, FRANK E 1548 THE GREENS WAY #4 JAX BCH FL 32250 TITLE S Delete TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TREADWELL, FRANK E 1548 THE GREENS WAY #4 JAX BCH FL 32250 TITLE S Delete TITLE NAME							,,	1	
TITLE VDT Delete TITLE NAME STREET ADDRESS 1548 THE GREENS WAY CITY-ST-ZIP JAX BCH FL 32250 TITLE V TREADWELL, FRANK E STREET ADDRESS CITY-ST-ZIP TITLE S CITY-ST-ZIP TITLE S HUTCHINSON, FRANCES F TITLE NAME NAME NAME NAME NAME NAME NAME NAME									
NAME STREET ADDRESS CITY-ST-ZIP TITLE V NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S CITY-ST-ZIP Delete TITLE S CITY-ST-ZIP Change Addition Addition NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME	CITY-ST-ZIP	JAX BCH FL 32250		CITY-ST-ZIP	Jacks	<u>onville Beach,</u>	FL 32250		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TREADWELL, FRANK E STREET ADDRESS CITY-ST-ZIP TREADWELL, FRANK E STREET ADDRESS CITY-ST-ZIP TITLE S TREADWELL, FRANK E STREET ADDRESS CITY-ST-ZIP TITLE S TITLE S TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME HUTCHINSON, FRANCES F STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition	TITLE	VDT	☐ Delete	TITLE			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME	FLETCHER, JEROME S		NAME			•		
TITLE	STREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME HUTCHINSON, FRANCES F NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	CITY-ST-ZIP	JAX BCH FL 32250	_	CITY-ST-ZIP					
TREADWELL, FRANK C 1548 THE GREENS WAY #4 JAX BCH FL 32250 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition NAME	TITLE	V	☐ Delete	TITLE			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP JAX BCH FL 32250 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE SITURE NAME STREET ADDRESS CITY-ST-ZIP TITLE SITURE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME	TREADWELL FRANK F		NAME					
CITY-ST-ZIP JAX BCH FL 32250 CITY-ST-ZIP TITLE S TITLE NAME HUTCHINSON, FRANCES F TITLE NAME	STREET ADDRESS			STREET ADDRESS					
TITLE S Delete TITLE Change Addition NAME HUTCHINSON, FRANCES F	CITY-ST-ZIP			CITY-ST-ZIP				1	
NAME HUTCHINSON, FRANCES F NAME	TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
				NAME	}				
STREET ADDRESS 1548 THE GREENS WAY	STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP JAX BCH FL 32250	CITY-ST-ZIP			CITY-ST-ZIP	1				
	TITLE		☐ ∩alata	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE AS Delete TITLE Change Addition NAME BUCKNER, JUDY V			□ neterg						
BOOKIEN, JODI V]			}	
STREET ADDRESS I 1548 THE GREENS WAY STE 4 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 STREET ADDRESS CITY-ST-ZIP								{	

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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

☐ Delete

Change

☐ Addition