APPROVED AND FILED

03 JUL -2 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P03000023699

1. Entity Name
FRED J. EICHLER & ASSOCIATES

DO NOT WRITE IN THIS SPACE

55048860

2. Principal Place of Business	3. Mailing Address
2812 MARRIE CT Suite, Apt. #, etc.	2812 MARRIE CT Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33761 Country: USA	Zip: 33761 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2796028 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRED EICHLER

Street Address (P.O. Box Number is Not Acceptable): 2812 MARRIE CT

City: CLEARWATER FL Zip Code: 33761

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: Fred Eichler 5/20/03
Signature, typed or printed name of registering Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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: PRESIDENT NAME: FRED EICHLER STREET ADDRESS: 2812 MARRIE CT CITY-ST-ZIP: CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP: SDDD19319015 05/19/03--01048--002 **150.00
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CR2E034B (12/02)

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: Fred Eichler FRED EICHLER 4/7/03 727-797-6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #