2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038408

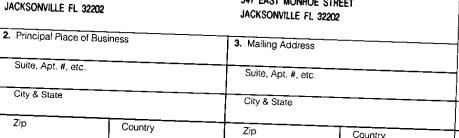
1. Entity Name



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90699 048 ***150 00

DAVID R. FLETCHER, P.A.		
Principal Place of Business % DAVID R. FLETCHER 541 EAST MONROE STREET JACKSONVILLE FL 32202	Mailing Address % DAVID R. FLETCHER 541 EAST MONROE STREET JACKSONVILLE FL 32202	TWEI





☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-3182112 Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required

FLETCHER, DAVID R **541 EAST MONROE STREET** JACKSONVILLE FL 32202

	, oc riedanen
7. Name and Address of New R	legistered Amount
Name	registered Agent
· 	
Street Address (P.O. Box Number is Not Acceptable	·
- (·)
City	
0.13	Zip Code
	FL 2.5 0006

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 SIGNATURE

Signature, typed or printed name of registered agent and title if applicable			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00			

(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE FLETCHER, DAVID R NAME ☐ Addition 541 EAST MONROE STREET STREET ADDRESS CR2E034 (10/ STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F NAME ☐ Change ☐ Addition STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME TIT! F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-356-5311

Daytime Phone #