## 2000 UNIFORM BUSINESS REPORT (UBR)

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

RE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 15, 2000 8:00 am Secretary of State DOCUMENT # P93000059089 1. Entity Name KENNETH G. FISHER, P.A. 05-15-2000 90201 003 \*\*\*150.00 Principal Place of Business Mailing Address % KENNETH G. FISHER % Kenneth G. Fisher 6361 PRESIDENTIAL CT #111 6361 PRESIDENTIAL CT #111 FT MYERS FL 33919-3584 FT MYERS FL 33919 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0431274 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISHER, KENNETH G. Street Address (P.O. Box Number is Not Acceptable) 6361 PRESIDENTIAL CT **STE 111** FT MYERS FL 33919 City Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 TITLE ☐ Delete TITLE FISHER, KENNETH G NAME NAME STREET ADDRESS 6361 PRESIDENTIAL CT #111 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT MYERS FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE FISHER, NANCY K. NAME STREET ADDRESS 549 KEENAN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT MYERS FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete 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

4-27-00 941-481-4114 Date Daytime Phone #