

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068177

1. Entity Name

FISHER CONSTRUCTION GROUP, INC.

FILED

Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90004 028 ***150.00

Principal Place of Business

Mailing Address

1604 BENT PINE WAY
BRANDON FL 33511

P.O. BOX 4226
BRANDON FL 33509-4226

2. Principal Place of Business

3531 SPRINGVILLE DR

3. Mailing Address

P.O. BOX 4226

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FL.

City & State

BRANDON, FL

Zip

33594

Country

USA

Zip

33509

Country

USA

4. FEI Number

59-3199944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, STEVE H
1604 BENT PINE WAY
BRANDON FL 33511

3531 SPRINGVILLE DR
VALRICO, FL. 33594

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD
NAME FISHER, STEVE
STREET ADDRESS 1604 BENT PINE WAY
CITY-ST-ZIP BRANDON FL 33511

☒ Delete

TITLE PVD
NAME STEVE FISHER
STREET ADDRESS 3531 SPRINGVILLE DR
CITY-ST-ZIP VALRICO, FL. 33594

☒ Change

TITLE
NAME
STREET ADDRESS
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☐ Change

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

SIGNATURE:

SIGNATURE REQUIRED

STEVE FISHER

2/5/00

813655-7037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #