

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90496 015 ***150.00

0271189

DOCUMENT # P94000008586

1. Entity Name

FLETCHER MANAGEMENT, INC.

Principal Place of Business

16822 SW 5TH WAY
 FT LAUDERDALE FL 33326
 US

Mailing Address

16822 S.W. 5TH WAY
 FT LAUDERDALE FL 33326
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0469647**

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

LAWRENCE, ROSE
 12253 S.W. 49 CT
 COOPER CITY FL 33330

Name **ROSE M. FLETCHER-LAWRENCE**

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

2070 NW 98th Terr.

City

Pembroke Pines

FL

Zip Code

33024

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 **Rose M. Fletcher-Lawrence**
 Signature, typed or printed name of registered agent and title if applicable.

President

3/6/2001

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, HALRIC	
STREET ADDRESS	1306 N.W. 125 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, LYDWEINE	
STREET ADDRESS	1306 N.W. 125 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, RONALD	
STREET ADDRESS	395 MALLARD RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, EARL	
STREET ADDRESS	395 MALLARD RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLETCHER-LAWRENCE, ROSE	
STREET ADDRESS	122253 S.W. 49 COURT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REID, SANDRA	
STREET ADDRESS	16822 SW.. 5TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER-LAWRENCE, ROSE	
STREET ADDRESS	2070 N.W. 98 TERR	
CITY-ST-ZIP	Pembroke Pines FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra A. Reid

Sandra A. Reid

Secretary

3/6/01

305 625-2098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)