

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90282 014 ***150.00

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
1306 N.W. 125 TERR
 Suite, Apt. #, etc.

3. Mailing Address
1306 N.W. 125 TERR
 Suite, Apt. #, etc.

City & State
SUNRISE, FL
Zip
33323
Country
USA

City & State
SUNRISE, FL
Zip
33323
Country
USA

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

FLETCHER-LAWRENCE ROSE M.
2070 NW 98TH TERRACE
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name **HALRIC E. FLETCHER**
Street Address (P.O. Box Number is Not Acceptable)
1306 N.W. 125 TERR
City **SUNRISE** **FL** **Zip Code** **33323**

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

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FLETCHER, HALRIC	1306 N.W. 125 TERR	FT LAUDERDALE FL	<input type="checkbox"/>
D	FLETCHER, LYDWEINE	1306 N.W. 125 TERR	FT LAUDERDALE FL	<input type="checkbox"/>
D	FLETCHER, RONALD	395 MALLARD RD	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
D	FLETCHER, EARL	395 MALLARD RD	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
PD	FLETCHER-LAWRENCE, ROSE	2070 NW 98 TERRACE	PEMBROKE PINES FL 33024	<input type="checkbox"/>
STD	REID, SANDRA	16822 SW. 5TH WAY	FT LAUDERDALE FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P, D	FLETCHER, HALRIC	1306 N.W. 125 TERR	FT LAUDERDALE FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S, D	FLETCHER, LYDWEINE	1306 N.W. 125 TERR	FT LAUDERDALE FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T, D	FLETCHER-LAWRENCE, ROSE	2070 N.W. 98 TERR	PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S, D	REID, SANDRA	16822 S.W. 5TH WAY	WESTON FL 33326	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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]* **SANDRA A. REID**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/6/02** **Daytime Phone #** **305 625-2098**

CR2E034 (9/01)