

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90509 045 ***150.00

DOCUMENT # P94000010311

1. Entity Name
T.E. FISCHER & ASSOCIATES, INC.



Principal Place of Business
13400 PALM BCH BLVD
FT. MYERS FL 33905
US

Mailing Address
13400 PALM BCH BLVD
FT. MYERS FL 33905
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 65-0463917

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCHER, THOMAS E
4240 ELLIS RD.
FT. MYERS FL 33905

Name

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

~~13400 PALM BEACH BLVD~~
3128 River Grove Circle

City

FT Myers

FL

Zip Code

33905

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME FISCHER, THOMAS E
STREET ADDRESS 4240 ELLIS RD.
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☒ Change ☐ Addition
NAME 3128 River Grove Circle
STREET ADDRESS FT MYERS, FL 33905
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME FISCHER, CHERYL L.
STREET ADDRESS 4240 ELLIS RD.
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☒ Change ☐ Addition
NAME 3128 River Grove Circle
STREET ADDRESS FT MYERS FL 33905
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if 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

4/17/03 239-694-4624
Date Daytime Phone #

CR2E034 (10/02)