

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90109 031 ***150.00

DOCUMENT #

PA5000023766

1. Entity Name

FISCHER MARINE SERVICES, INC.

Principal Place of Business

Mailing Address

37517 US HWY 19 N
 PALM HARBOR, FL
 34684

2. Principal Place of Business

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

37517 US HWY 19 N

City & State

City & State

PALM HARBOR, FL

4. FEI Number

59-3302407

Applied For

Not Applicable

Zip

Country

Zip

Country

34684

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

JENNIFER FISCHER

Name

JENNIFER FISCHER

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

37517 US HWY 19 N

City

PALM HARBOR

FL

Zip Code

34684

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

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

(NOTE: Registered Agent signature required when reinstating)

05/19/00

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, 2000 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

D,P
 BOB FISCHER
 759 CLAUDIA LANE
 PALM HARBOR, FL 34683

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

D,S
 JENNIFER FISCHER
 759 CLAUDIA LANE
 PALM HARBOR, FL 34683

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-00 727-934-0003

Date

Daytime Phone #

CR2E034 (9/99)