

**2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P95000031690**

1. Entity Name

**FISHER & PARTNER INVESTMENT, INC.****FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90167 004 \*\*\*550.00

0126930 AT

Principal Place of Business

**302 LEE BOULEVARD STE 102  
LEHIGH ACRES FL 33936**

Mailing Address

**25 HOMESTEAD RD. N  
11  
LEHIGH ACRES FL 33936  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **22-0586580**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MORGAN, JOHN M****302 LEE BOULEVARD STE 102  
LEHIGH ACRES FL 33936**

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. 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 reinstalling)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D  
FISHER, FRANZ  
GARCHINGERSTRASSE 6  
UNTERSCHLEISSHEIM GERMANY**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**S  
GOERTZ, HILDEGARD A  
743 MIRROR LAKES DRIVE  
LEHIGH ACRES FL 33936**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate **7.24.02**Daytime Phone # **234-3690933**

CR2E034 (4/02)