

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90107 002 ***150.00

DOCUMENT # P95000046581
 Entity Name
FITZGERALD ADVERTISING AND RELATIONS, INC. *PUBLIC*

Principal Place of Business Mailing Address (same)
 5950 Hazeltine Nat'l Dr.
 Suite 460
 Orlando, Fl. 32822

ADD62400

DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3321157
 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MORAN, THOMAS P. ESQ.
 111 N. Orange Ave., Suite 900
 Orlando, Fl. 32801

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	Martin G Fitzgerald 14 Windjammer Point Merritt Island, Fl 32952	<input type="checkbox"/> Change <input type="checkbox"/> Additor	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Additor	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Additor	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *Martin G Fitzgerald* 4/20/01 (907) 251-1020