FOR PROFIT CORPORATION

Apr 29, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 795 04-29-2002 90081 045 ***150.00 Fisher & Fisher Consultants, Inc. DO NOT WRITE IN THIS SPACE 639856 3. Mailing Address 2. Principal Place of Business 1455 Claret Ct 1455 Claret Ct DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 38-3062952 Not Applicable Ft Myers, FL Ft Myers, FL\$8.75 Additional Country Zip 5. Certificate of Status Desired Country Zip Fee Required <u> 33919</u> USA 33919 USA 7. Name and Address of Current Registered Agent John B. Fish<u>er</u> DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1455 Claret Ct. ~ 5 Me **ℤ⅀⅀**ℊ℄⅁ City Ft Myers, 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Amended UBR is \$61.25 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE President TITLE NAME NAME John B. Fisher STREET ADDRESS STREET ADDRESS 1455 Claret Ct CITY-ST-ZIP CITY-ST-ZIP Ft Myers, FL. 33919 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE NAME

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

John B. Fisher, President

04-15-02

FILED