

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005697

1. Entity Name

FISHER ADVERTISING, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90181 041 \*\*\*150.00

Principal Place of Business

1715 NE 39TH ST  
OAKLAND PARK FL 33334  
US

Mailing Address

1715 NE 39TH ST  
OAKLAND PARK FL 33334  
US

2. Principal Place of Business

4830 NE 13 Avenue  
Suite, Apt. #, etc.

3. Mailing Address

4830 NE 13th Avenue  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Oakland Park, FL  
Zip 33334 County Broward

City & State

Oakland Park, FL  
Zip 33334 County Broward

4. FEI Number

65-0716843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FISHER, CAROLYN  
1715 NE 39TH ST  
OAKLAND PARK FL 33334

Name

Carolyn Fisher

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

4830 NE 13th Avenue

City

Oakland Park FL Zip Code 33334

7. Name and Address of New Registered Agent

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

Carolyn Fisher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-17-01

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, 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

11. OFFICERS AND DIRECTORS

TITLE D  
NAME FISHER, CAROLYN  
STREET ADDRESS 1715 NE 39TH ST  
CITY-ST-ZIP OAKLAND PARK FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Carolyn Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-01

Date

Daytime Phone #

954-630-4890  
954-689-3578

CR2E034 (10/00)