

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90351 047 ***150.00

DOCUMENT # P96000075092

1. Entity Name

FLETCHER CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

658152

2. Principal Place of Business
1 SW 129 Avenue

3. Mailing Address
1 SW 129 Avenue

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, Florida

City & State
Pembroke Pines, Florida

4. FEI Number
65-0701109

Applied For
Not Applicable

Zip
33027

Country
USA

Zip
33027

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Roy Fletcher

Street Address (P.O. Box Number is Not Acceptable)
1033 NW 88th Ave

City
Plantation

FL

Zip Code
33322

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

Roy Fletcher Pres

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$160.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-STATE-ZIP
PSTD	Fletcher, Roy M	1033 NW 88th Ave	Plantation, FL 33322
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Roy Fletcher Pres **ROY FLETCHER, Pres.** *4/25/02* **614-792-5915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)