2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000097821

1. Entity Name

JAMES R. FISCHER & ASSOCIATES, INC.



FILED Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90130 019 ***150.00

Principal Place of Business 2470 ISLAND DRIVE LONGWOOD FL 32779		Mailing Address 2470 ISLAND DRIVE LONGWOOD FL 32779		- I (AA)HAAL HA SHIIR AHIII AANH AANH AANH ARIII AAN	18 (8.// 1880) 1840 (4.886 (185 188)
2. Principal f	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKIN	G CHANGES
City & State		City & State		4. FE! Number 59-3415647 Applied For	
Zip Country		Zip Country		5. Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Current Registered Age			<u> </u>	7. Name and Address of New Registered	Fee Required
	and the same of the same	~ ~	- Name	The and Address of New Addistrict	Agent
FISCHER	, JAMES R				
2470 ISL	and drive		Street Address	(P.O. Box Number is Not Acceptable)	
LONGWO	OOD FL 32779				
			City	9 FI	Zip Code
8. The above	named entity submits this statemen	t for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am	
the obligat	tions of registered agent.	The paragraph of the same and the	rogiocios ombo ar rogisto	need agent, or both, in the state of horida. Tail	rammar with, and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE	
Afte	ILE NOW!!! 'FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution. [\$5.00 May Be Added to Fees
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11
TITLE	D IAMES D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	FISCHER, JAMES R 2470 ISLAND DRIVE LONGWOOD FL 32779		NAME STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD PL 32779		CITY-ST-ZIP	·	···
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	and the second s		NAME	and the second second	
STREET ADDRESS			STREET ADDRESS	-	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP		
TITLE			-		
AME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	•		CITY-ST-ZIP	•	
of the corp		is true and accurate and that movement a		ection 119.07(3)(i), Florida Statutes. I further cer same legal effect as if made under oath; that I r, Florida Statutes; and that my name appears in	

SIGNATURE:

SIGNATURE PARTICIPATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-862-8491