## 2000 UNIFORM BUSINESS REPORT (UBR)

W	7
M	4

DOCUMENT # P97000010077 1. Entity Name FILED Joseph R. Fisher, Inc. JUL 24 AM 8: 13 Principal Place of Business Mailing Address SECRETARY OF STATE 49 SE KINDRED ST 49 SE KINDRED ST TALLAHASSEE FLORIDA STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0725913 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name FISHER, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 49 SE KINDRED ST STUART FL 34994 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE FISHER, JOSEPH R NAME NAME -08/08/00--01091--003 STREET ADDRESS STREET ADDRESS 49 SE KINDRED ST \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 peculiate 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 abdress, with all other like empowered.

SIGNATURE:

541-221-8881 Daytime Phone #

## JOSEPH R. FISHER

Tel. (561) 283-4107

49 S.E. Kindred St. Stuart, FL 34994 Fax (561) 221-8886

Tel. (561) 221-8885

7.20-00

FLORIDA DIV. OF CORPORATIONS

P.O. BOX 1500

TALLAHASSEE, FL 3230>

GENTLEMEN:

PLEISE BE ADVISED THAT KNEE IMPLANT
SURGENT ON FEBRUARY 11,200 AND MT RESULTANT ABSENCE FOR HOSPITALIZATION
AND REHABILITATION HAVE RESULTED
10 7415 BELAT

IN VIEW OF THE ABOUT, YOUR CONSID -ENATION IN ACCEPTING THIS REPORT AS TIMELY FILED WOULD BE APPLECIATED

RESPECT FULLY

Incha F-T