

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 13, 2001 8:00 am  
Secretary of State

01-26-2001 90010 040 \*\*\*150.00

DOCUMENT # P97000043243

1. Entity Name  
**FISCHER MOTORS, INC.**

Principal Place of Business  
1749 DREW ST.  
CLEARWATER FL 33755

Mailing Address  
1749 DREW ST.  
CLEARWATER FL 34615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2474689**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISCHER, GARY A**  
1749 DREW ST.  
CLEARWATER FL 34615

Name **Ruthann Fischer**

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

**1749 Drew ST.**

City **Clearwater**

**FL**

Zip Code **33755**

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

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

(NOTE: Registered Agent signature required when reinstating)

**2-7-01**  
DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FISCHER, GARY	
STREET ADDRESS	2089 RIDGELANE RD	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FISCHER, RUTHANN	
STREET ADDRESS	2089 RIDGELANE RD	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruthann Fischer	
STREET ADDRESS	2089 Ridgelane RD	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Fischer	
STREET ADDRESS	2089 Ridgelane Rd.	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-15-01**  
Date

**727-441-9998**  
Daytime Phone #

**02-06-01 727 443 4724**

CR2E034 (10/00)