

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069076

1. Entity Name
CD FLETCHER & ASSOCIATES, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90192 038 ***150.00

00025214



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10 ARRICOLA AVE SAINT AUGUSTINE FL 32084	Mailing Address P.O. BOX 324-5 ST. AUGUSTINE FL 32085
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2. Principal Place of Business 35 DOLPHIN DR Suite, Apt. #, etc. N/A City & State ST. AUGUSTINE, FL Zip 32080 Country US	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3464062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P FLETCHER, CHARLES D PO BOX 3245 N/A ST. AUGUSTINE FL 32085 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles D. Fletcher CHARLES D. FLETCHER 11 FEB 01 (904) 824-0189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)