

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006698

1. Entity Name

FISTFIGHTERS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90075 023 ***150.00

Principal Place of Business Mailing Address
768 BEAL PKWY NW 768 BEAL PKWY NW
SUITE AQ SUITE AQ
FORT WALTON BEACH FL 32547-3042 FORT WALTON BEACH FL 32547-3042
US US

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 **59-3499473** 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

QUALLS, AL P JR
768 BEAL PARKWAY
SUITE AQ
FORT WALTON BEACH FL 32547-3042

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE *4/6/00*

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, 2000 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	QUALLS, AL P JR	
STREET ADDRESS	768 BEAL PKWY NW, SUITE AQ	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547-3042	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRACE, ROGER A	
STREET ADDRESS	28 N.W. RACETRACK ROAD	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	AV	<input type="checkbox"/> Delete
NAME	ADAMS, GEORGE L JR	
STREET ADDRESS	5540 LILAC AVE.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, JOHNNIE D	
STREET ADDRESS	768 BEAL PKWY NW, SUITE AQ	
CITY-ST-ZIP	FT WALTON BEACH FL 32547-3042	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* Al P. Qualls Jr. (850) 315-0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)