

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006698

1. Entity Name

FISTFIGHTERS, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90060 045 ***150.00

Principal Place of Business

768 BEAL PKWY NW
SUITE AQ
FORT WALTON BEACH FL 32547-3042
US

Mailing Address

768 BEAL PKWY NW
SUITE AQ
FORT WALTON BEACH FL 32547-3042
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3499473

Applied For

Not Applicable

Zip

Country

Zip

Country

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME QUALLS, AL P JR
STREET ADDRESS 768 BEAL PKWY NW, SUITE AQ
CITY-ST-ZIP FORT WALTON BEACH FL 32547-3042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME GRACE, ROGER A
STREET ADDRESS 28 N.W. RACETRACK ROAD
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AV ☐ Delete
NAME ADAMS, GEORGE L JR
STREET ADDRESS 5540 LILAC AVE.
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME JONES, JOHNNIE D
STREET ADDRESS 768 BEAL PKWY NW, SUITE AQ
CITY-ST-ZIP FT WALTON BEACH FL 32547-3042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Al P. Qualls, Jr.

(850) 315-0737

Date

Daytime Phone #

CR2E034 (10/00)