


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P-98000040028**

1. Entity Name
John O Fisher Inc.



FILED

04 JAN -9 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
415 Pennsylvania Ave
Suite, Apt. #, etc.
Crystal Bch.
City & State
Fla.
Zip
34681 Country

3. Mailing Address
P.O. Box 601
Suite, Apt. #, etc.
Crystal Bch.
City & State
Fla.
Zip
34681 Country

REINSTATEMENT 01-04

4. FEI Number
59-3508992

Applied For
☐ Not Applicable

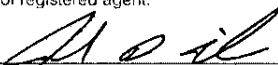
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name
John Fisher
Street Address (P.O. Box Number is Not Acceptable)
415 Pennsylvania Ave.
City
Crystal Bch. **FL** Zip Code
34681

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **11-25-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	John Fisher	415 Pennsylvania Ave.	Crystal Bch Fla. 34681				

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **11-25-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

October 25, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL. 32302-1500

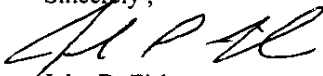
RE: John D. Fisher, Inc.
Document # P98000040028

Dear Sirs/Madam:

I have recently been advised that my incorporation is not showing as valid in the state. I am under the impression that I was supposed to receive a report that is required to be filed yearly and I have not received this report. My residence is in a rural area and since you had my physical address listed I believe that this is the reason for the problem. I am writing in request that you reinstate my corporation. I do not believe that there should be a penalty for this as I did not receive what was necessary.

I am enclosing the fee that would normally be sent, please advise as soon as possible if you require anything else. It is imperative that I get this situation handled immediately.

Sincerely,



John D. Fisher
John D. Fisher, Inc.
PO Box 601
Crystal Beach, FL 34681

Please call my Acct @ 352-382-7727

M-F 10am - 9pm .

KATHY Katz.