2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P98000091743 1. Entity Name FISHER ENTERPRISES, INC. 04-03-2001 90056 003 ***150.00 Principal Place of Business Mailing Address 17320 NORTHWOOD CIR. 17320 NORTH WAY GIRCLE Delkay Beach, FL 33446 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0875946 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISHER, GERARD 15888 Double EAGLE Street Address (P.O. Box Number is Not Acceptable) 17820 NORTH WAY CIRCLE BOCA RATON FL-33496~ PECRAY BENCH, F33946 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition CR2E034 (10/00) TIT! F ☐ Change TITLE FISHER, GERARD NAME NAME 17320 NORTHWAY-CIR. STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [7] Change ☐ Addition TITLE FISHER, JOAN P NAME NAME 17920 WORTHWAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33496 C(TY-ST-7)P----☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP with this tring does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ort 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 in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ne information supplied 13. I hereby certify that t indicated on this report or supplemental of the corporation or the receiver or trust of the corporation or the changed, or on an atta hment with an ad other like empowered.