

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056317

1. Entity Name

FLEMING, FLEMING & WOLFE, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90002 032 \*\*\*550.00

Principal Place of Business

1230 GULF STREAM WAY  
 SINGER ISLAND FL 33404

Mailing Address

1230 GULF STREAM WAY  
 SINGER ISLAND FL 33404

2. Principal Place of Business

1230 Gulf Stream Way  
 Suite, Apt. #, etc.

3. Mailing Address

same  
 Suite, Apt. #, etc.

City & State

Singer Island FL

City & State

4. FEI Number

650934970

Applied For

Not Applicable

Zip

33404

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEMING, SUSAN WILLIAMS  
 1230 GULF STREAM WAY  
 SINGER ISLAND FL 33404

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

*Susan Williams Fleming*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	PRINCIPLE	<input type="checkbox"/> Delete
NAME	SUSAN WILLIAMS FLEMING	
STREET ADDRESS	1230 GULF STREAM WAY	
CITY-ST-ZIP	Singer Is. FL 33404	
TITLE	PRINCIPLE	<input type="checkbox"/> Delete
NAME	STEVEN NAYON FLEMING	
STREET ADDRESS	1230 GULF STREAM WAY	
CITY-ST-ZIP	Singer Island FL 33404	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*Susan Williams Fleming*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN WILLIAMS FLEMING

7/17/00

Date

861-881-0051

Daytime Phone #

CR2E034 (5/00)