

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000063476**

1. Entity Name

FITZPATRICK REALTY & ASSOCIATES, INC.**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90023 028 ***158.75

816949

DO NOT WRITE IN THIS SPACE

Principal Place of Business 855 PINE RIDGE DRIVE PLANTATION FL 33317	Mailing Address 855 PINE RIDGE DRIVE PLANTATION FL 33317
2. Principal Place of Business 5231 W. Broward Blvd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Plantation, FL	City & State
Zip 33317	Country
Country	Country

4. FEI Number 65-0933793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FITZPATRICK, LYNNE 855 PINE RIDGE DRIVE PLANTATION FL 33317	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS FITZPATRICK, LYNNE 855 PINE RIDGE DR PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	Date: 2/28/01 Daytime Phone #: 954 321-6760

CR2E034 (10/00)