

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 20, 2000 8:00 am**  
**Secretary of State**

09-20-2000 90004 008 \*\*\*558.75

**DOCUMENT # P99000083590**

1. Entity Name

**ANDREW FLEISCHMAN GENERAL CONTRACTOR, INC.**

Principal Place of Business

Mailing Address

**4729 MI CASA CT.  
FT. MYERS FL 33901****4729 MI CASA CT.  
FT. MYERS FL 33901-8819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0946568**

Applied For

Not Applicable

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

**S.W. PROFESSIONAL SERVICES OF FT. MYERS  
13611 MCGREGOR BLVD. #3  
FT. MYERS FL 33919**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D. ANDREW FLEISCHMAN</b> <b>4729 MI CASA CT</b> <b>FORT MYERS, FL 33901</b> <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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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

Date

Daytime Phone #

**8/29/00 941-278-1414**

CR2E034 (9/99)

090500

Attachment #  
P99000083590  
0581393

August 29, 2000

Florida Department of State  
Div of Corporations  
P.O.Box 1500  
Tallahassee, Fl 32302

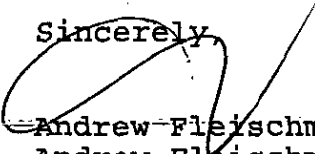
Dear Sir,

~~Please accept my check for \$150.00 for the 2000~~  
Uniform Business Report.

This is my first year as a corporation and I had  
no idea that this was due.

Thank you.

Sincerely,

  
~~Andrew Fleischman, Pres~~  
Andrew Fleischman General Contractor Inc  
4729 Mi Casa Ct  
Fort Myers, Fl 33901