

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90158 039 ***150.00

DOCUMENT # P99000105083

1. Entity Name

THE FLETCHER BONNEWIT GROUP, INC.

Principal Place of Business

**777 NW 7 STREET
 DELRAY BEACH FL 33444**

Mailing Address

**3200 N. MILITARY TRAIL.. STE 201
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

3200 N. Military Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

Boca Raton FL

Zip

Country

Zip

Country

33431

4. FEI Number

65-0985988

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

FLETCHER, DEBRA A

777 NW 7 STREET

DELRAY BEACH FL 33444

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, 2002 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

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FLETCHER VILA, DEBRA | |
| STREET ADDRESS | 777 NW 7 STREET | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | V. P. | <input type="checkbox"/> Delete |
| NAME | Blair, Shawne | |
| STREET ADDRESS | 3200 N. Military Tr #201 | |
| CITY-ST-ZIP | Boca Raton FL 33431 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

988-2004

CR2E034 (9/01)