## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED DOCUMENT # S21977** Feb 01, 2000 8:00 am 1. Entity Name **Secretary of State** FISCHER MANAGEMENT ASSOCIATES, INC. 02-01-2000 90016 024 \*\*\*150.00 Mailing Address Principal Place of Business 152 LAUREL LANE 118 REGENTS PLACE PONTE VEDRA BEACH FL 32082-3908 PONTE VEDRA BEACH FL 32082 3. Mailing Address 118 Regents Place 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3034175 Nte Vedea Beach Not Applicable Country SA. Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name John A. Fischer FISCHER, JOHN A. Street Address (P.O. Box Number is Not Acceptable) 103 SEA HAMMOCK WAY Regents Place PONTE VEDRA BEACH FL 32082 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE TITLE FISCHER, JOHN A NAME NAME 118 Regents Place Porte Veden Beach FL 3208 STREET ADDRESS STREET ADDRESS 152 LAUREL LANE CITY-ST-78P CITY-ST-ZIP PONTE VEDRA BCH FL 32082 TITLE Delete TITLE HAMMOND-FISCHER, P NAME NAME 118 Regents Place Ponte Vedra Beach, FL 32082 STREET ADDRESS **152 LAUREL LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 Delete TITLE - -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

P. HAMMOND-1-12 here