

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S35290

1. Entity Name

PLAZA 443, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90073 034 \*\*\*150.00

Principal Place of Business

18501 MURDOCK CIRCLE  
SUITE 401 SUNBANK CENTER  
PORT CHARLOTTE FL 33948

Mailing Address

18501 MURDOCK CIRCLE  
SUITE 401 SUNBANK CENTER  
PORT CHARLOTTE FL 33948-1066

2. Principal Place of Business

22286 VICK ST

Suite, Apt. #, etc.

3. Mailing Address

22286 VICK ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CHARLOTTE HARBOR

City & State

CHARLOTTE HARBOR

4. FEI Number

65-0290159

Applied For

Not Applicable

Zip

33980

Country USA

CHARLOTTE

Zip

33980

Country USA

CHARLOTTE

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

FEHR, JEFFREY  
18501 MURDOCK CIRCLE  
SUITE 401 SUNBANK CENTER  
PORT CHARLOTTE FL 33948

Name --

Street Address (P.O. Box Number is Not Acceptable)

22286 VICK ST

CHARLOTTE HARBOR

City

FL

Zip Code

33980

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 restating)

DATE

JEFFREY FEHR

2/2/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FEHR, RONALD	
STREET ADDRESS	615 FURROWS ROAD	
CITY-ST-ZIP	HOLTSVILLE NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEHR, WILLIAM	
STREET ADDRESS	615 FURROWS ROAD	
CITY-ST-ZIP	HOLTSVILLE NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARONE, RONALD	
STREET ADDRESS	19 STILLWOOD ROAD	
CITY-ST-ZIP	BROOKHAVEN NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEHR, JEFFREY	
STREET ADDRESS	18501 MURDOCK CIRCLE, STE 401 SUNBANK CNTR	
CITY-ST-ZIP	POST CHARLOTTE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FEHR, JERRY	
STREET ADDRESS	STE 401 SUNBANK CNTR; 18501 MURDOCK CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	22286 VICK ST	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2525 TAMiami TR #A	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
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

JEFFREY FEHR

Date

2/2/00

Daytime Phone #

941-629-7726

CR2E034 (9/99)