## 2003 FOR PROFIT CORPORATION

Mailing Address

22286 VICK ST

## UNIFORM BUSINESS REPORT (UBR)

S35290 **DOCUMENT #** 

1. Entity Name

22286 VICK ST

PLAZA 443, INC.

Principal Place of Business



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90254 016 \*\*\*150.00

|--|--|

City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  S. 8.75 A Fee Requ  6. Name and Address of Current Registered Agent  Name  FEHR, JEFFREY  22286 VICK ST  PORT CHARLOTTE FU-83980  City  FL Zip C  Registered agent, or both, in the State of Florida. Lam familiar with the obligations of registered agent, or both, in the State of Florida. Lam familiar with the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  OFFIRM, JEFFREY  22286 VICK ST  PORT CHARLOTTE FL 33980  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PORT CHARLOTTE FL 33980  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PORT CHARLOTTE FL 33980  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PORT CHARLOTTE FL 33980  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PORT CHARLOTTE FL 33980  Delete  TITLE  Char  TITLE  OFFICERS AND DIRECTORS  CITY-ST-ZIP  PORT CHARLOTTE FL 33980	
City & State  Country  Country  Country  Country  S. Certificate of Status Desired Sea Required Agent  Name  FEHR, JEFFREY  2286 VICK ST PORT CHARLOTTE FL-83980  City  City  FL  City	
City & State  City & State  Country  Country  Zip  Country  S. Certificate of Status Desired  S. R.75 A Fee Requ  S. Name and Address of Current Registered Agent  FEHR, JEFFREY  22286 VICK ST  PORT CHARLOTTE FU-83980  City  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip C  Registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  Signature, typed or prison name of registered agent.  Signature, typed or prison name of registered agent agent and tale a applicable.  NOTE: Registered Agent aignature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. STATEMENT ADDRESS TO OFFICERS AND DIRECTORS  17. STATEMENT ADDRESS TO OFFICERS AND DIRECTORS  17. STATEMENT A	
Summary   Country   Summary   Summ	opplied For Not Applicable
6. Name and Address of Current Registered Agent  FEHR, JEFFREY 22286 VICK ST PORT CHARLOTTE FL-83980  City  City  FL  Zip C  City  FL  Signature required when reinstaling)  DATE  PLE NOW!!! FEE IS \$150.00  Addrer May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  TILE  NAME  SIREET ADDRESS  CITY-ST-Zip  D  Delete  FEHR, RONALD:  G15 FURROWS ROAD  HOLTSVILLE NY  Delete  FEHR, JEFFREY  22286 VICK ST  PORT CHARLOTTE FL 33980  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-Zip  Char  TITLE  CTY-ST-Zip  CTY-S	dditional red
FEHR, JEFFREY 22286 VICK ST PORT CHARLOTTE FL-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. I am familiar with the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  TO.  OFFICERS AND DIRECTORS  TITLE  NAME SIRRET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  Poelete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  PORT CHARLOTTE FL 33980  PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980	
22286 VICK ST PORT CHARLOTTE FL-33980  City  City  FL  Zip C  Signature special agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  Signature, typed or printing name of registered agent and tale if applicable.  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PORT CHARLOTTE FL 33980  City ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PORT CHARLOTTE FL 33980  City ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PORT CHARLOTTE FL 33980  City ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Char  Char  City ST-ZIP  Char  Char  City ST-ZIP  Char  Char  City ST-ZIP  Char  Cha	
City FL Zip C  Signature. Typed or printely name of registered agent and tole if applicable. (NOTE: Registered Agent alignature required when reinstating)  P. Election Campaign Financing Trust Fund Contribution. (NOTE: Registered Agent alignature required when reinstating)  P. Election Campaign Financing Trust Fund Contribution. (NAME STREET ADDRESS CITY-ST-ZIP  PEHR, RONALD:  STREET ADDRESS CITY-ST-ZIP  DOTT CHARLOTTE FL 33980  City FL Zip C  DATE  P. Election Campaign Financing Trust Fund Contribution. (NAME STREET ADDRESS CITY-ST-ZIP)  Charles  City FL Zip C  City FL Zip C  P. Election Campaign Financing Trust Fund Contribution. (NAME STREET ADDRESS CITY-ST-ZIP)  Charles  City FL Zip C  DATE  P. Election Campaign Financing Trust Fund Contribution. (NAME STREET ADDRESS CITY-ST-ZIP)  Charles  City FL Zip C  P. Election Campaign Financing Trust Fund Contribution. (NAME STREET ADDRESS CITY-ST-ZIP)  Charles  City FL Zip C  City FL	
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. I am familiar with the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and total if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	
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. It am familiar with the obligations of registered agent.  SIGNATURE    Signature, typed or printers name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	
The obligations of registered agent.  SIGNATURE    Signature, typed or pitoletiname of registered agent and tole if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Char  Cha	
10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Char	.00 May Be ded to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Char Char Char Char Char Char Char Cha	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  CHARLOTTE FL 33980	
Delete TITLE	
NAME STREET ADDRESS 20020 VETERANS BLVD #11 CITY-ST-ZIP	ge
CITY-ST-ZIP PORT CHARLOTTE PL 33934 TITLE  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  Cha	ge Addition
CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CIEST ADDRESS	nge 🗌 Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. 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 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 or 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 or 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 or 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 or indicated on this report or supplemental report is true.	the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 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

941-629-7726

Daytime Phone #