## 2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # **S82630**

1. Entity Name

Principal Place of Business

FISCHER CHEVROLET-OLDSMOBILE, INC.

1128 S. HOPKINS AVE. 1128 S. HOPKINS AVE. TITUSVILLE FL 32780-4207 TITUSVILLE FL 32780-4207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3136271 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISCHER, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) 1128 S. HOPKINS AVE. TITUSVILLE FL City 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 1 applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change FISCHER, ROBERT M. NAME STREET ADDRESS 1128 S. HOPKINS AVE. STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP **EVPS** TITLE Delete TITLE ☐ Change Addition FISCHER, PATRICK R. NAME NAME STREET ADDRESS 1128 S. HOPKINS AVE. STREET ADDRESS CITY-ST-74P TITUSVILLE FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete THILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: <u>ROBERT M. FISCHER</u>

100.6

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

☐ Delete

☐ Delete

321-269-3311

Change

Change

Addition

Addition

Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90055 041 \*\*\*150.00

Daytime Phone ≠

CR2E034 (10/