

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92337

1. Entity Name

FLETCHER REHABILITATION ASSOCIATES, INC.

Principal Place of Business

7491 N. FED. HWY
C-2
BOCA RATON FL 33487
US

Mailing Address

P.O. BOX 57
BOCA RATON FL 33429-0007
US

2. Principal Place of Business

1640 NW Boca Raton Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 50290
Suite, Apt. #, etc.
Lighthouse PT, FL

City & State

Boca Raton FL

City & State

Lighthouse PT, FL

Zip

33432

Country

USA

Zip

33074

Country

USA

6. Name and Address of Current Registered Agent

FLETCHER, INA
2836 NE 33RD ST
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

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] INA Fletcher Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	FLETCHER, INA	
STREET ADDRESS	2836 N.E. 33RD ST.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AKIYAMA, JAMES	
STREET ADDRESS	2836 NE 33RD ST	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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	

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] INA Fletcher, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 (954) 946-0503

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90571 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0297724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

0510863

CR2E034 (10/00)