

DOCUMENT # V02969			
1. Entity Name FITZGERALD MANAGEMENT, INC.			
Principal Place of Business 2231 LANGLEY PENSACOLA FL 32504 US		Mailing Address P.O. BOX 2204 PENSACOLA FL 32513-2204	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
FITZGERLAD, RON 2231 LANGLEY AVE. PENSACOLA FL 32503			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, RON 2231 LANGLEY AVE. PENSACOLA FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE 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 6011(c)(1) of the Internal Revenue Code and that my signature shall have the same effect as if it were signed by the officer or receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ PRES			

Daytime Phone #