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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

V07609

1. Entity Name

GEORGE P. FLETCHER, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90809 005 ***150.00

| Principal Place 105 SUWANA BRANFORD F | ÈE AVE | s | Mailing Address P O BOX 578 BRANFORD FL 32008 US | | | | | | | HAN ANN INN | |
|---|---|--|--|-------------|-------------------------------|--|--|-------|---------------------------------------|-------------|--|
| 2. Principal F | 2. Principal Place of Business 3. Mailing Address | | | | 1 | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & Stat | City & State City & State | | | | 4. | 4. FEI Number 59-3099712 Applied For Not Applicable | | | | | |
| Zip | | Country | Zip · | Cour | ntry | 5. | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | | |
| | 6. Name | and Address of Current F | legistered Agent | | L | 7. | Name and Address of New Register | | | ľ | |
| 1 | | | | | Name | | | | | | |
| FLETCHER, GEORGE P | | | Street Addres | s (P.O. I | Box Number is Not Acceptable) | | | | | | |
| | RD FL 3200 | 8 | | | | | (************************************** | | | | |
| | | 7.1 | | | City | | | FL. | Zip Cod | е | |
| SIGNATURE. | Signature, typed | or printed name of registered agent ar | | : Registere | d Agent signature requi | | 1 | ΤE | · · · · · · · · · · · · · · · · · · · | | |
| Tax filing requirement and elects to do so. After Ma | | After May 1, 200 Make Check Payab | | | | Election Campaign Financing Trust Fund Contribution. | | | May Be I to Fees | | |
| 11. | r | OFFICERS AND D | RECTORS | 12. | | ΑL | DDITIONS/CHANGES TO OFFICERS A | AND D | IRECTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 208 SW P | R, GEORGE P. LANT AVE D FL 32008 | ☐ Delete | | - 1 | | | | _) Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST FLETCHEI 208 SW P BRANFOR | LANT AVE. | ☐ Delete | | i | | | | _ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | 1 | | | · - (|] Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | 4 | V- | | |] Change | Addition | |
| TITLE . NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | |] Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | |] Change | Addition | |

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 tustee empowered by execute into eport as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attactment with an address, with a later like structure of the corporation of the corporation

SIGNATURE

6-28-02386-935-0376

Attachment BU124596 6-28-02