

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08362

1. Entity Name

W.L. FISH & COMPANY, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90034 030 ***150.00

Principal Place of Business

Mailing Address

105 S NARCISSUS AVE
412
W PALM BCH FL 33401
US

105 S NARCISSUS AVE
412
W PALM BCH FL 33401-5526
US

2. Principal Place of Business

105 S. Narcissus Ave.

3. Mailing Address

105 S. Narcissus Ave.

Suite, Apt. #, etc.

712

Suite, Apt. #, etc.

712

City & State

W. Palm Beach FL

City & State

W. Palm Beach FL

Zip

33401

Country

U.S.

Zip

33401

Country

U.S.

4. FEI Number

65-0307700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISH, WAYNE LARRY
6520 CARAMBOLA CIRCLE
LAKE CLARKE SHORES FL 33406-5348

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS FISH, WAYNE LARRY
CITY-ST-ZIP 6520 CARAMBOLA CIRCLE
LK CLARKE SHRS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MEEDS, PATRICK B
CITY-ST-ZIP 2746 OLD MILITARY TRL
WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/2000

Date

561-833-5001

Daytime Phone #

CR2E034 (9/99)