

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46961

1. Entity Name

ROBERT D. FITZER, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90100 042 ***150.00

Principal Place of Business JUICY LUCY'S 525 NO 15 STR IMMOKALEE FL 34142 US	Mailing Address 481 6TH AVE LA BELLE FL 33935-4522 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Burger Bob's Suite, Apt. #, etc. 525 No. 15 Str City & State Immokalee, FL Zip 34142 Country US	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0353528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FITZER, ROBERT D.
481 6TH AVE
LA BELLE FL 33935

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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FITZER, ROBERT D. 481 6TH AVE LA BELLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZER, ROBERT D. 481 6TH AVE LA BELLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert D. Fitzer Robert D. Fitzer 5-14-00 941-657-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #