

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90016 043 ***150.00

DOCUMENT # 299463

1. Entity Name
FERO & SONS, INC.

Principal Place of Business
20497 E PENNSYLVANIA AVE
DUNNELLON FL 34430
US

Mailing Address
P.O. BOX 299
DUNNELLON FL 34430
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1114439**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

FERO, ORLANDO J
20497 E PENNSYLVANIA AVENUE
DUNNELLON FL 34432

Name **Orlando J Fero, Jr.**
 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 THIS IS A CORRECTION, NOT A CHANGE.
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P FERO, ORLANDO J JR 20497 EAST PENNSYLVANIA AVENUE DUNNELLON FL 34432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERO, LANSE K 20497 E PENNSYLVANIA AVENUE DUNNELLON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERO, LANSE K 20497 E PENNSYLVANIA AVENUE DUNNELLON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERO, ANDREW J 20497 EAST PENNEYLAVANIA AVENUE DUNNELLON FL 34432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: Orlando J Fero Jr President **Orlando J. Fero Jr** 01/11/02 352-489-2412
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 17 AT

CR2E034 (9/01)