## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 11, 2001 8:00 am Secretary of State DOCUMENT # P20870 1. Entity Name FERNALD ASSOCIATES, INC. 05-11-2001 90294 010 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 1757 P.O. BOX 1757 **BOCA RATON FL 33429 BOCA RATON FL 33429** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2657593 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Bequired --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNALD, OLAF H. Street Address (P.O. Box Number is Not Acceptable) 891 HICKORY TERR. **BOCA RATON FL 33486** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (10/00) NAME FERNALD, OLAF H. NAME STREET ADDRESS STREET ADDRESS 891 HICKORY TERR. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FERNALD, JEANNE O. NAME STREET ADDRESS STREET ADDRESS 891 HICKORY TERR. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE ☐ Delete TITLE ☐ Addition FERNALD, G. LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 34 EMERALD LANE CITY-ST-ZIP CITY-ST-ZIP MARSTONS MILLS MA 02648 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FERNALD, JONATHAN D. NAME NAME STREET ADDRESS 627 POKER HILL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UNDERHILL VT 05489 TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR