2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

10707 66THST. N., STE D

PINELLAS PARK FL 33782

DOCUMENT # F0200004822

1. Entity Name

Principal Place of Business

10707 66THST. N., STE D

PINELLAS PARK FL 33782

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE ..

Zip

STEVE FERGUSON & ASSOCIATES, INC.

Country



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90323 045 ***150.00

44001755

☐ CHECK HERE II	F MAKII	NG CHANGES
FI Number 0405000		Applied For
58-2165820		Not Applicable
Pertificate of Status Desired		\$8.75 Additional Fee Required

DATE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent			
o. Hame and Addison of Carrotter and Addison of Carrotter and Addison of Carrotter and Addison of Carrotter and Ca	Name			
Ferguson, Steve	Street Address (P.O. Box Number is Not Acceptable)			
10707 66TH ST. N., SUITE D				
PINELLAS PARK FL 33782 🇦				
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<u> </u>	in the State of Florida Lam familiar with and acc	er		

Country

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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed some of registered agent and title if applicable

FILE NOW!!! FEE \$ \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

 Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

FOREIGERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
10.	OFFICERS AND DIRECTOR				Change	Addition
TITLE PCD	.	☐ Delete	TITLE	L	_ Change	C
NAME FERGUSON,	STEVIE		NAME			\
STREET ADDRESS 10707 66TH	ST. N., STE D		STREET ADDRESS			
CITY-ST-ZIP PINELLAS PA			CITY-ST-ZIP			
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TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

727-546-3552

Daytime Phone #

CR2E034 (10/02)