

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 261126

1. Entity Name

FER-MAR ENTERPRISES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90124 012 ***150.00

Principal Place of Business

Mailing Address

1311 LINTON BLVD

~~PO BOX 9002~~

DELRAY BEACH FL ~~33447-9002~~

~~PO BOX 9002~~
DELRAY BCH. FL ~~33447-9002~~

US

2. Principal Place of Business

1311 Linton Blvd.

3. Mailing Address

1311 Linton Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

59-1100786

Applied For

Not Applicable

Zip

33444

Country

USA

Zip

33444

Country

USA

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

WALLACE, KATHLEEN
1472 S. OCEAN BLVD
PALM BCH FL 33480

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 P
STREET ADDRESS WALLACE KATHLEEN
CITY-ST-ZIP 1472 S. OCEAN BLVD
PALM BCH FL

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

TITLE ☐ Delete
NAME S
STREET ADDRESS SMITH, WILLIAM F.
CITY-ST-ZIP 231 ASTER TRACE
CANTON GA

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 190050
CITY-ST-ZIP Atlanta, GA 31119

TITLE ☐ Delete
NAME T
STREET ADDRESS SMITH, JAY
CITY-ST-ZIP 2240 OLIVER RIDGE RD.
WATKINSVILLE GA

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3191 Northwoods Drive
CITY-ST-ZIP Greensboro, GA 30642

TITLE ☐ Delete
NAME VP
STREET ADDRESS SMITH, TIMOTHY F
CITY-ST-ZIP USIS EMBASSY, UNIT 45004
APO AP 05

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS USLO Abuja, American Embassy Lagos
CITY-ST-ZIP Dept. of State, Wash., DC 20521-8300

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

Kathleen S. Wallace

4/1/00

561-278-0303

Date

Daytime Phone #