

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90004 024 ***550.00

DOCUMENT # 261126

1. Entity Name

FER-MAR ENTERPRISES, INC.

Principal Place of Business

1311 LINTON BLVD
DELRAY BEACH FL 33444

Mailing Address

1311 LINTON BLVD
DELRAY BEACH FL 33444
US

2. Principal Place of Business

3801 S.E. Federal Hwy
 Suite, Apt. #, etc.

3. Mailing Address

3801 S.E. Federal Hwy
 Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

59-1100786

Applied For

Not Applicable.

Zip

34997

Country

US

Zip

34997

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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

Kathleen S. Wallace

principal place of business mailing address

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **P** ☐ Delete
 NAME **WALLACE KATHLEEN**
 STREET ADDRESS **1472 S. OCEAN BLVD**
 CITY-ST-ZIP **PALM BCH FL**

TITLE **S** ☐ Delete
 NAME **SMITH, WILLIAM F.**
 STREET ADDRESS **PO BOX 190050**
 CITY-ST-ZIP **ATLANTA GA 31119**

TITLE **T** ☐ Delete
 NAME **SMITH, JAY**
 STREET ADDRESS **3191 NORTHWOODS DRIVE**
 CITY-ST-ZIP **GREENSBORO GA 30642**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Kathleen S. Wallace
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/01
 Date

Daytime Phone #

CR2E034 (5/01)