2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 292782 Jan 24, 2000 8:00 am **Secretary of State** FERGUSON JEWELERS, INC. 01-24-2000 90031 004 ***150.00 Principal Place of Business Mailing Address 1114 N. FLAGLER AVE. 1114 N. FLAGLER AVE. HOMESTEAD FL 33030 HOMESTEAD FL 33030-4907 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1100217 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERGUSOW -FERGUSON, GARY A. Street Address (P.O. Box Number is Not Acceptable) 1555 FLAMINGO COURT HOMESTEAD FL 33030 Zip Code OMESTEAD 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition ☐ Delete TITLE TITLE NAME LENDRE FERGUSON NAME FERGUSON, GARY ALLEN <u>i:</u> STREET ADDRESS 15860 S.W. 28074 ST. STREET ADDRESS 1555 FLAMINGO COURT CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD, FLA. 33031 HOMESTEAD FL 33030 Addition Change TITLE TITLE FERGUSON, KATHY NAME STREET ADDRESS STREET ADDRESS 1555 FLAMINGO COURT CITY-ST-7IP CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete ☐ Change ☐ Addition TITLE LENGRE FERGUSON NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTERO CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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.