

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 344964

1. Entity Name

FERNWOOD PROPERTIES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90033 038 ***150.00

Principal Place of Business

1885 BOY SCOUT ROAD
PO BOX 573 (PLYMOUTH, FL 32768)
PLYMOUTH FL 32768

Mailing Address

1885 BOY SCOUT ROAD
PO BOX 573 (PLYMOUTH, FL 32768)
PLYMOUTH FL 32768

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0638115

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKWELDER, JANICE F.
424 E.SANDPIPER ST.
APOPKA FL 32712

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

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, 2001 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

TITLE D
NAME FLY, EDWIN R
STREET ADDRESS PETERSON ROAD
CITY - ST - ZIP PLYMOUTH FL

TITLE STD
NAME JONES, SUE ELLEN
STREET ADDRESS N. ROUND LAKE ROAD
CITY - ST - ZIP ZELLWOOD FL

TITLE PD
NAME BLACKWELDER, JANICE F
STREET ADDRESS 424 E.SANDPIPER ST.
CITY - ST - ZIP APOPKA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: Edwin R Fly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

407 889 2678
Daytime Phone #

CR2E034 (10/00)