

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00001

1. Entity Name

FERGAR, LTD.

FILED

00 MAR 13 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3301 BAYSHORE BLVD., UNIT 504-D TAMPA FL 33629	Mailing Address PO BOX 22822 TAMPA FL 33622-2822
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-0521586	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERNANDEZ, JOHN JR. 3301 BAYSHORE BLVD., UNIT 504-D TAMPA FL 33629	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$25,263.87	10. Amount of Capital Contributions in FLORIDA to date. 25263.87	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	JOHN FERNANDEZ, JR.	STREET ADDRESS	800003183978--2
NAME	3301 BAYSHORE BLVD., UNIT 504 D	CITY - ST - ZIP	03/24/00 01122 002
STREET ADDRESS	TAMPA FL 33629		****270.75 ****270.75
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *John Fernandez Jr* **JOHN FERNANDEZ JR** 3-8-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #