

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90182 037 \*\*\*150.00

**DOCUMENT # F01000005635**

1. Entity Name  
**FERGUSON METALS, INC.**



Principal Place of Business  
**15500 BURNT STORE RD  
STE 104  
PUNTA GORDA FL 33955**

Mailing Address  
**15500 BURNT STORE RD  
STE 104  
PUNTA GORDA FL 33955**

2. Principal Place of Business  
**17115 BARCREST LN**  
Suite, Apt. #, etc.

3. Mailing Address  
**17115 BARCREST LN**  
Suite, Apt. #, etc.

City & State  
**PUNTA GORDA FL**

City & State  
**PUNTA GORDA FL**

4. FEI Number **43-1794436**

Applied For

Not Applicable

Zip  
**33955**

Country  
**USA**

Zip  
**33955**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**FERGUSON, VERNON E  
15500 BURNT STORE RD, STE 104  
PUNTA GORDA FL 33955**

## 7. Name and Address of New Registered Agent

Name  
**FERGUSON, VERNON E**  
Street Address (P.O. Box Number is Not Acceptable)  
**17115 BARCREST LN**  
City **PUNTA GORDA** **FL** Zip Code **33955**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Vernon E. Ferguson**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PCSD** ☒ Delete  
NAME **FERGUSON, VERNON E**  
STREET ADDRESS **15500 BURNT STORE RD, STE 104**  
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCSD** ☒ Change ☐ Addition  
NAME **FERGUSON, VERNON E**  
STREET ADDRESS **17115 BARCREST LN**  
CITY-ST-ZIP **PUNTA GORDA FL 33955**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-03 941-575-9955**  
Date Daytime Phone #

0607678 AV

CR2E034 (10/02)