

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90363 046 ***150.00

DOCUMENT # G09816

1. Entity Name

Ferguson & Young, Inc. ✓

Principal Place of Business

2009 Buford Street
Alva, FL 33920

Mailing Address

2009 Buford Street
Alva, FL 33920**A0070905**

2. Principal Place of Business

15201 N. Cleveland Avenue

Suite, Apt. #, etc.

PMB #104

City & State

N. Ft. Myers, FL

Zip

33904

Country

USA

3. Mailing Address

15201 N. Cleveland Avenue

Suite, Apt. #, etc.

PMB #104

City & State

N. Ft. Myers, FL

Zip

33904

Country

USA

4. FEI Number

59-2235059

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Young, Robert A.
2009 Buford Street
Alva, FL 33920

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15201 N. Cleveland Avenue

PMB #104

City

N. Ft. Myers

FL

Zip Code

33904

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 State10. Election Campaign Financing
Trust Fund Contribution: ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Young, Robert A.	
STREET ADDRESS	2009 Buford Street	
CITY-ST-ZIP	Alva, FL 33920	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Young, Jacqueline	
STREET ADDRESS	2009 Buford Street	
CITY-ST-ZIP	Alva, FL 33920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15201 N. Cleveland Ave, PMB 104
CITY-ST-ZIP	N. Ft. Myers, FL 33904
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15201 N. Cleveland Ave, PMB 104
CITY-ST-ZIP	N. Ft. Myers, FL 33904
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. YOUNG

Date

4/26/01 (941) 994-0256

Daytime Phone #

CR2E034 (11/00)