

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90051 015 ***150.00

DOCUMENT # G09816

1. Entity Name
FERGUSON & YOUNG, INC.



Principal Place of Business
4596 LITTLE RIVER LANE
FORT MYERS FL 33905

take out

Mailing Address
4596 LITTLE RIVER LANE
PMB 104
FORT MYERS FL 33905



2. Principal Place of Business

3. Mailing Address
4596 Little River Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State

City & State
Ft. Myers FL

4. FEI Number 59-2235059

Applied For
Not Applicable

Zip

Country

Zip
33905

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, ROBERT A
15201 N CLEVELAND AVENUE
PMB 104
N FORT MYERS FL 33904

Name **Jacquelyn Ferguson**
Street Address (P.O. Box Number is Not Acceptable)
4596 Little River Ln
City **Ft. Myers** **FL** Zip Code **33905**

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 *Jacquelyn Ferguson* **Jacquelyn Ferguson** **1/21/03**
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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **YOUNG, ROBERT A**
STREET ADDRESS **15201 N CLEVELAND AVENUE, PMB 104**
CITY-ST-ZIP **N FORT MYERS FL 33904**

TITLE **P** ☒ Change ☐ Addition
NAME **Jacquelyn Ferguson**
STREET ADDRESS **4596 Little River Lane**
CITY-ST-ZIP **Ft. Myers, FL 33905**

TITLE **ST** ☐ Delete
NAME **FERGUSON, JACQUELYN**
STREET ADDRESS **15201 N CLEVELAND AVENUE, PMB 104**
CITY-ST-ZIP **N FORT MYERS FL 33904**

TITLE **ST** ☒ Change ☐ Addition
NAME **Robert A. Young**
STREET ADDRESS **4596 Little River Lane**
CITY-ST-ZIP **Ft. Myers, FL 33905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Jacquelyn Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacquelyn Ferguson **1/21/03**

Date

Daytime Phone #

239 693-8111

CR2E034 (10/02)