May 21, 2002 8:00 am
Secretary of State
05-21-2002 90891 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G48418

1. Entity Name

FERNWOOD ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
120 E GRANADA BLVD Suite, Apt. #, etc	120 E. GRANADA BLVD Suite, Apt. #, etc
City & State: ORMOND BEACH, FL 32176	City & State: ORMOND BEACH, FL. 32176
Zip / Country: 6630	Zip / Country: 6630

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2300799 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AKERS, WILLIAM III
Street Address (P.O. Box Number is Not Acceptable): 120 E GRANADA BLVD
City: ORMOND BEACH FL Zip Code: 32176

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JOHNSTON, IKE W. TWELVE OAKS DR. ORMOND BEACH, FL. 32174	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/P AKERS, WILLIAM III 120 E GRANADA BLVD ORMOND BEACH, FL. 32176	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIV WILLIAMS, S.L. 150 S. DALMETTO AVE. DAYTONA BEACH, FL. 32114	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CALDWELL, KAREN 297 N BEACH ST. ORMOND BEACH, FL 32174	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL5238 (F)

To Whom it may Concern:

Enclosed is a copy of last years Corporation Annual Report Form. I moved and have not or not received this years form. For this reason I'm also enclosing a blank form along w payment for Corporation renewal fees.

Thanks, in advance, for your cooperation.

Sincerely.

DOCUMENT # G48418

ATTACHMENT

1. Entity Name

FERNWOOD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
120 E GRANADA BLVD. ORMOND BCH. FL 32176-6630	120 E.GRANADA BLVD. ORMOND BCH. FL 32176-6630

2. Principal Place of Business

Suite

City & St

Zip

FERNWOOD ASSOCIATES, INC. 1600

Feb. 9 2001 63-1000/631

Pay to the Order of Department of State $ 150.00

One hundred fifty dollars Dollars

SouthTrust Bank

For Document # G48418

Karen P. Caldwell

⑆063110050⑆ 61 992 815⑈

THIS SPACE

Applied For

Not Applicable

$8.75 Additional Fee Required

Registered Agent

Zip Code

8. The above n... ...upon oath, in the State of Florida

SIGNATURE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See instructions 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JOHNSTON, IKE W. 10 TWELVE OAKS DR. ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD AKENS, WILLIAM 120 E. GRANADA AVE. ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WILLIAMS, S.L. 150 S. PALMETTO AVE. DAYTONA BEACH FL 32115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CALDWELL, KAREN ~~104 PEACHTREE CIR~~ ~~DAYTONA BCH FL 32114~~	☐ Delete Change of address	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CALDWELL, KAREN 297 N BEACH ST. ORMOND BEACH, FL 32174	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		

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SIGNATURE: Karen P. Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2001 Date

904-253-9275 Daytime Phone #