

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # G48418			
1. Entity Name FERNWOOD ASSOCIATES, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 130 E GRANADA BLVD Suite, Apt. #, etc.		3. Mailing Address 130 E GRANADA BLVD Suite, Apt. #, etc.	
City & State ORMOND BEACH, FL 32176 Zip Country 6630		City & State ORMOND BEACH, FL 32176 Zip Country 6630	
4. FEI Number 59-2300799		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name AKERS, WILLIAM III			
Street Address (P.O. Box Number is Not Acceptable) 130 E GRANADA BLVD			
City ORMOND BEACH FL 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 file 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 JOHNSON, INE W 10 TWINE OAKS DR ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP V/S/D AKERS, WILLIAM 130 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. PALMETTO AVE DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 #			

STP FL 5258 (F)

To Whom it may concern:

Enclosed is a copy of last year's Corporation Annual Report form. I removed and have lost or not received this year's form. For this reason I'm also enclosing a blank form along with payment for Corporation renewal fees.

Thanks, in advance, for your cooperation.

Sincerely,

DOCUMENT # G48418

1. Entry Name

FERNWOOD ASSOCIATES, INC.

ATTACHMENT

Principal Place of Business

120 E GRANADA BLVD.
ORMOND BCH FL 32176-0830

Mailing Address

120 E GRANADA BLVD.
ORMOND BCH FL 32176-0830

2. Principal Place of Business

State

City & S

Zip

AGE
130
OPM

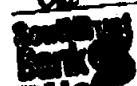
FERNWOOD ASSOCIATES, INC.

1000

SS-10000001

Feb 9 2001

\$ 150.00

State of Department of State
One hundred fifty dollars

St. Document # G48418

Karm P. Caldwell

:063160050: 66 992 815

3. The above-n

SIGNATURE

By _____ (Print name of registered agent or state application)

(NOTE: Registered Agent may also be the corporation)

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8. This corporation is eligible to satisfy its interjurisdictional requirements and elects to do so (See instructions back) ☐FILE NOW!!! FEB 18 \$150.00
After MAY 1, 2001 Fee will be \$650.00
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	DP	☐ Delete
NAME	JOHNSTON, IKE W.	
STREET ADDRESS	10 TWELVE OAKS DR.	
CITY, ST, ZIP	ORMOND BEACH FL 32174	
TITLE	VBO	☐ Delete
NAME	AKENS, WILLIAM	
STREET ADDRESS	120 E. GRANADA AVE.	
CITY, ST, ZIP	ORMOND BEACH FL 32176	
TITLE	DV	☐ Delete
NAME	WILLIAMS, S.I.	
STREET ADDRESS	190 S. PALMETTO AVE.	
CITY, ST, ZIP	DAYTONA BEACH FL 32115	
TITLE	T	☐ Delete
NAME	CALDWELL, KAREN	
STREET ADDRESS	104 PEACHTREE CIR	
CITY, ST, ZIP	DAYTONA BCH FL 32114	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

Change of address

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME	CALDWELL, KAREN	
STREET ADDRESS	297 N BEACH ST.	
CITY, ST, ZIP	ORMOND BEACH FL 32174	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption allowed in Section 19.07(3)(b), Florida Statutes. I further certify that the information submitted on the report of 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 of this filing.

SIGNATURE:

Karm P. Caldwell

SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/9/2001 904-853-9275