

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90078 033 ***150.00

DOCUMENT # G75226

1. Entity Name
FERRISWHEEL, INC.



Principal Place of Business
214 HIBISCUS STREET
JUPITER FL 33458
US

Mailing Address
810 SATURN STREET, SUITE 16
PMB 154
JUPITER FL 33477

60011466



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

214 HIBISCUS ST

JUPITER, FL 33458

JUPITER, FL

33458 **US**

3. Mailing Address

810 SATURN ST

SUITE 16 PMB 154

JUPITER, FL 33477

33477 **US**

4. FEI Number **59-2717685**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHILLER, JOHN
810 SATURN ST
SUITE 16 PMB 154
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name **JOHN C. SCHILLER**

Street Address (P.O. Box Number is Not Acceptable)
2579 BEDFORD MEWS DR

City **WELLINGTON** **FL** Zip Code **33414**

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 **John C. Schiller PRES.**

1/14/03

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 **PDT**
NAME **SCHILLER, JOHN** ☐ Delete
STREET ADDRESS **2579 BEDFORD MEWS**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **D**
NAME **LAWLER, DALE S.** ☐ Delete
STREET ADDRESS **2579 BEDFORD MEWS**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **John C. Schiller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 **561-746-2049**
Date Daytime Phone #

CR2E034 (10/02)