

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H15087**

1. Entity Name

FERRENTINO & SON, INC.

Principal Place of Business

**434 SW 14TH ST
OCALA FL 34474
US**

Mailing Address

**P.O BOX 5758
OCALA FL 34478-5758
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2467162

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FERRENTINO, BARBARA A
434 SW 14TH ST
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETCH, SUZANNE E	
STREET ADDRESS	12595 NE HWY 315	
CITY-ST-ZIP	FT MCCOY FL 32134	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRENTINO, CATHY	
STREET ADDRESS	2029 58TH LN N	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FERRENTINO, EDWARD	
STREET ADDRESS	434 SW 14TH ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORT, NICOLE	
STREET ADDRESS	5020 SE 107TH ST	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OWENS, BRADLEY	
STREET ADDRESS	6584 S.E. 89TH STREET	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEPPEN, THOMAS	
STREET ADDRESS	3245 SW 46TH AVE	
CITY-ST-ZIP	OCALA FL 34474	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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

Date

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90408 022 ***150.00

00029529

DO NOT WRITE IN THIS SPACE

0562254

CR2E034 (10/00)