

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0535467 AV

DOCUMENT # H15087

1. Entity Name

FERRENTINO & SON, INC.

04-03-2002 90029 006 ***150.00

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

03/20/02

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, 2002 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** ☐ Delete
NAME **BENNETCH, SUZANNE E**
STREET ADDRESS **12595 NE HWY 315**
CITY-ST-ZIP **FT MCCOY FL 32134**

TITLE **D** ☐ Delete
NAME **FERRENTINO, CATHY**
STREET ADDRESS **2029 58TH LN N**
CITY-ST-ZIP **CLEARWATER FL 34620**

TITLE **VSD** ☐ Delete
NAME **FERRENTINO, EDWARD**
STREET ADDRESS **434 SW 14TH ST**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☐ Delete
NAME **FORT, NICOLE**
STREET ADDRESS **5020 SE 107TH ST**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **VD** ☐ Delete
NAME **OWENS, BRADLEY**
STREET ADDRESS **6584 S.E. 89TH STREET**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **VD** ☐ Delete
NAME **STEPHEN, THOMAS**
STREET ADDRESS **3245 SW 46TH AVE**
CITY-ST-ZIP **OCALA FL 34474**

12. 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

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

TITLE ☒ Change ☐ Addition
NAME **FORT, NICOLE**
STREET ADDRESS **555 SW 72ND LN**
CITY-ST-ZIP **OCALA, FL. 34476**

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

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 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 #

President

03/28/02 (352) 237-8800

CR2E034 (9/01)