2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# H15087

Entity Name: FERRENTINO & SON, INC.

Current Principal Place of Business:

434 SW 14TH ST
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 5758
OCALA, FL 344785758 US

New Mailing Address:

FEI Number: 59-2467162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BENNETCH, SUZANNE E
Address: 12595 NE HWY 315
City-St-Zip: FT MCCOY, FL 32134

Title: D ( ) Delete
Name: FERRENTINO, CATHY
Address: 2029 58TH LN N
City-St-Zip: CLEARWATER, FL 34620

Title: VSD ( ) Delete
Name: FERRENTINO, EDWARD
Address: 434 SW 14TH ST
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: FORT, NICOLE
Address: 555 SW 72ND LN
City-St-Zip: OCALA, FL 34476

Title: VD ( ) Delete
Name: OWENS, BRADLEY
Address: 6584 S.E. 89TH STREET
City-St-Zip: OCALA, FL 34472

Title: VD ( ) Delete
Name: STEPPEN, THOMAS
Address: 3245 SW 46TH AVE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD J. FERRENTINO VSD 04/30/2003

Electronic Signature of Signing Officer or Director Date