


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 18, 2004 8:00 am
Secretary of State

04-26-2004 91030 028 ***150.00

DOCUMENT # H66421

1. Entity Name
Ferguson Painting, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2210 Kara Chase

Suite, Apt. #, etc.

3. Mailing Address
Same

Suite, Apt. #, etc.

66422567

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, FL

Zip
34240

Country
USA

4. FEI Number
59-2581983

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert Ferguson

Street Address (P.O. Box Number is Not Acceptable)
2210 Kara Chase

City
Sarasota

FL

Zip Code
34240

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Robert M. Ferguson</u> <u>2210 Kara Chase</u> <u>Sarasota, FL 34240</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary</u> <u>Kimberly S. Ferguson</u> <u>2210 Kara Chase</u> <u>Sarasota, FL 34240</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-23-04 941-319-3482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)