

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H76780

1. Entity Name

FERGUSON-JACKSON CORPORATION

Principal Place of Business

840 SANTA ROSA DR
ROCKLEDGE FL 32955
US

Mailing Address

949 BROOKVIEW LANE
ROCKLEDGE FL 32955-4052

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 59-2616627

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, CLARENCE
949 BROOKVIEW LANE
ROCKLEDGE FL 32955

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERGUSON, SUSIE	
STREET ADDRESS	949 BROOKVIEW LANE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FERGUSON, CLARENCE	
STREET ADDRESS	949 BROOKVIEW LANE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JACKSON, RUTH	
STREET ADDRESS	3720 NW 107TH TERR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DCT	<input type="checkbox"/> Delete
NAME	JACKSON, R.L. SR.	
STREET ADDRESS	3720 NW 107TH TERR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

Clarence Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(4-14-2000)(321-631-9450)
Date Daytime Phone #

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90042 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)