

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90311 024 \*\*\*150.00

**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**

2. Principal Place of Business

Suite, Apt. #, etc.  
**840 Ferndale Ave**  
City & State  
**Rockledge, FL**

3. Mailing Address

**1840 Timbers West**  
Suite, Apt. #, etc.

City & State  
**Rockledge**

4. FEI Number  
**59-2616627**

Applied For  
Not Applicable

Zip  
**32955**

Country  
**BREVARD**

Zip  
**32955**

Country  
**BREVARD**

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

6. Name and Address of Current Registered Agent

**FERGUSON, CLARENCE  
949 BROOKVIEW LANE  
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name  
**Ferguson, Clarence**  
Street Address (P.O. Box Number is Not Acceptable)  
**1840 Timbers West Blvd**  
City  
**Rockledge, FL** Zip Code  
**32955**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUSON, SUSIE W 1840 TIMBERS WEST ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERGUSON, CLARENCE 1840 TIMBERS WEST BLVD ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACKSON, RUTH 621 GEORGIA AVE COCOA, FL 32922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT JACKSON, R.L. SR. 621 GEORGIA AVE COCOA, FL 32922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

**4-22-03 (321)636-0415**

CR2E034 (10/02)