

# 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

3. Mailing Address

**1840 Timbers West**

Suite, Apt. #, etc.  
**840 Ferndale Ave**

Suite, Apt. #, etc.

City & State  
**Rockledge, FL**

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

CHECK HERE IF MAKING CHANGES

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  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
NAME FERGUSON, SUSIE  
STREET ADDRESS 949 BROOKVIEW LANE  
CITY-ST-ZIP ROCKLEDGE FL

TITLE DD  Change  Addition  
NAME Ferguson, susie W  
STREET ADDRESS 1840 TIMBERS WEST  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE DS  Delete  
NAME FERGUSON, CLARENCE  
STREET ADDRESS 949 BROOKVIEW LANE  
CITY-ST-ZIP ROCKLEDGE FL

TITLE DS  Change  Addition  
NAME Ferguson, Clarence  
STREET ADDRESS 1840 TIMBERS WEST BLVD  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE DV  Delete  
NAME JACKSON, RUTH  
STREET ADDRESS 3720 NW 107TH TERR.  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE DV  Change  Addition  
NAME JACKSON, RUTH  
STREET ADDRESS 621 GEORGIA AVE  
CITY-ST-ZIP COCOA, FL 32922

TITLE DCT  Delete  
NAME JACKSON, R.L. SR.  
STREET ADDRESS 3720 NW 107TH TERR.  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE DCT  Change  Addition  
NAME JACKSON, R. L. SR.  
STREET ADDRESS 621 GEORGIA AVE  
CITY-ST-ZIP COCOA, FL 32922

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 information.

SIGNATURE: **Clarence Ferguson**  
**Signature Required**

Date **4-22-03** Daytime Phone # **(321)636-0415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)