

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90128 032 ***150.00

DOCUMENT # J22915

1. Entity Name
BAR & FERG'S ACADEMY, INC.



Principal Place of Business
200 STERLING AVENUE
DELRAY BEACH FL 33444

Mailing Address
C/O STAHL & ASSOC
138 N SWINTON AVE
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address
c/o MARY ANN FERGUSON
Suite, Apt. #, etc.
200 STERLING AVENUE

Suite, Apt. #, etc.

City & State

City & State
DELRAY BEACH, FL

Zip

Country

Zip

Country

33444

USA

4. FEI Number **59-2731265**

Applied For

Not Applicable

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, MARY ANN
200 STERLING AVE
DELRAY BEACH FL 33444

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. 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ **Delete**
NAME **FERGUSON, MARY ANN**
STREET ADDRESS **12717 OAK RUN COURT**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ **Delete**
NAME **FERGUSON, ROOSEVELT**
STREET ADDRESS **12717 OAK RUN COURT**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ **Delete**
NAME **ALLEN, CARLA RAMONA**
STREET ADDRESS **7494 BRUNSWICK CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRES 3/17/03

Date

Daytime Phone #

CR2E034 (10/02)