

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91497

1. Entity Name

FERTEK INVESTMENTS, INC.

Principal Place of Business

309 CONCHA DRIVE
P. O. BOX 782085
SEBASTIAN FL 32978

Mailing Address

309 CONCHA DRIVE
P. O. BOX 782085
SEBASTIAN FL 32978-2085

2. Principal Place of Business

9 Carl Ave

3. Mailing Address

9 Carl Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 782085

City, & State

Sebastian, FL

City, & State

Sebastian, FL

Zip

32958

Country

Indian River

Zip

32978

Country

Indian River

6. Name and Address of Current Registered Agent

FERGUSON, BRUCE EDWARD
309 CONCHA DR
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name **B Ferguson, Bruce Edward**
Street Address (P.O. Box Number is Not Acceptable)
9 Carl Ave
City **Sebastian** FL Zip Code **32958**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERGUSON, BRUCE EDWARD	
STREET ADDRESS	814 ROSELAND RD	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FERGUSON, KENNETH	
STREET ADDRESS	4031 NE 18TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERGUSON, THOMAS	
STREET ADDRESS	3377 COCOPLUM CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EASTER, PERRY	
STREET ADDRESS	7385 163RD COURT N.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERGUSON, LARRY	
STREET ADDRESS	4031 NE 18TH AVE.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Ferguson	
STREET ADDRESS	9 Carl Ave	
CITY-ST-ZIP	Sebastian, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Ferguson

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90003 026 ***150.00

031540



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2875374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)

3/21/00 561 9130025