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

## J91497 **DOCUMENT #**

SIGNATURE:

1. Entity Name FERTEK INVESTMENTS, INC.



## **FILED** Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90129 006 \*\*\*150.00

| Principal Plac<br>9 CARL AVE<br>SEBASTIAN FL | ce of Business  | Mailing Address<br>P O BOX 782085<br>SEBASTIAN FL 32978 |                  |                       |                                    | * 140 MAC DI P 16 MA 140 MAC BANK 186 MAC 186 |                 | 11 <b>6</b> 11 <b>6</b> 1811 1881 |
|--|---|---|------------------|-----------------------|------------------------------------|---|-----------------|-----------------------------------|
| 2. Principal F                               | Place of Business   | 3. Mailing Address                                      |                  |                       | 1                                  |   |                 |                                   |
| Suite, Apt.                                  | #, etc.   | Suite, Apt. #, etc.                                     |                  |                       |                                    | ☐ CHECK HERE IF MAKING CHANGES  |                 |                                   |
| City & Stat                                  | е   | City & State  |                  |                       | 4. 1                               | FEI Number <b>59-2875374</b>  | <b>⊢</b>        | Applied For                       |
| Zip Country                                  |   | Zip Cour  |                  | 5. (                  |                                    | Certificate of Status Desired S8.75 Addi  |                 | dditional                         |
|  | 6. Name and Address of Current  | Registered Agent  | <del>'</del>     | <del></del>           | 7. 1                               | Name and Address of New Registered  |                 | 31                                |
|  |   |   |                  | Name Sam C            |                                    |   |                 |                                   |
| FERGUSO                                      | N, BRUCE EDWARD   |   |                  |                       | P.O. Box Number is Not Acceptable) |   |                 |                                   |
| 9 CARL AV                                    | ∕E ∴ ŽÃ   | Street Address (F                                       |                  | S (1 .O. D            |                                    |   |                 |                                   |
| SEBASTIA                                     | N FL 32958  |   |                  |                       |                                    |   |                 |                                   |
|  |   |   |                  | City                  |                                    | F   | Zip Cod         | de                                |
| 8. The above the obligat                     | named entity submits this statement fo<br>ions of registered agent.   | r the purpose of changing its                           | s registered     | office or regist      | ered ag                            | ent, or both, in the State of Florida. I ar   | n familiar with | , and accept                      |
| SIGNATURE .                                  | $z^2 = \frac{\epsilon_0^2}{\delta_0}$   |   |                  |                       |                                    |   |                 |                                   |
|  | Signature, typed or printed name of registered agent a  | and title if applicable. (NOT                           | TE: Registered A | gent signature requir | red when re                        | ainstating) DATE  |                 | <del></del>                       |
| After  | ILE NOW!!! FEE IS \$150.00<br>May 1, 2003 Fee will be \$550.00<br>Payable to Florida Department of  | State   |                  |                       |                                    | Election Campaign Financing Trust Fund Contribution.  |                 | <b>00</b> May Be<br>ed to Fees    |
| 10.  | OFFICERS AND DIRECTORS  |   | 11.              | 11.                   |                                    | DITIONS/CHANGES TO OFFICERS AN  | ID DIRECTOR     | RS IN 11                          |
| TITLE  | PD<br>FERGUSON, BRUCE EDWARD  | ☐ Delete  |                  | ITLE                  |                                    |   | Change          | ☐ Addition                        |
| NAME<br>STREET ADDRESS                       | 9 CARL AVE  |   | NAME             | ADDRESS               |                                    |   |                 |                                   |
| CITY-ST-ZIP                                  |   |   | CITY-ST          |                       |                                    |   |                 |                                   |
| TITLE  | VTD   | ☐ Delete  | TITLE            |                       |                                    |   | ☐ Change        | Addition                          |
| NAME   | FERGUSON, KENNETH   | □ Delete  | NAME             |                       |                                    |   | Criange         | ☐ Addition                        |
| STREET ADDRESS                               | 4031 NE 18TH AVE  |   | STREET A         | ADDRESS               |                                    |   |                 |                                   |
| CITY-ST-ZIP                                  | POMPANO BEACH FL  |   | CITY-ST          | - ZIP                 |                                    |   |                 |                                   |
| TITLE  | SD  | ☐ Delete  | TITLE            |                       |                                    |   | ☐ Change        | Addition                          |
|  | EASTER, PERRY   |   | NAME             |                       |                                    |   |                 |                                   |
|  | 7385 163RD COURT N.   |   | •                | ADDRESS               |                                    |   |                 |                                   |
| CITY-ST-ZIP                                  | PALM BCH GARDENS FL   |   | CITY-ST          | - ZIP                 |                                    | Wes   |                 |                                   |
| TITLE  | VD<br>Ferguson, Larry   | ☐ Delete  | TITLE            |                       |                                    |   | ☐ Change        | ☐ Addition                        |
| NAME<br>Street address                       | 4031 NE 18TH AVE.   |   | NAME<br>STREET A | ADDRESS               |                                    |   |                 |                                   |
| CITY-ST-ZIP                                  | POMPANO BCH. FL   |   | CITY-ST          |                       |                                    |   |                 |                                   |
| TITLE  |   | ☐ Delete  | TITLE            |                       |                                    |   | ☐ Change        | ☐ Addition                        |
| NAME.  |   |   | NAME             |                       |                                    |   |                 | Addition                          |
| STREET ADDRESS                               |   |   | STREET A         | DDRESS                |                                    |   |                 | 1                                 |
| CITY-ST-ZIP                                  |   |   | CITY-ST          | -ZIP                  |                                    |   |                 |                                   |
| TITLE  |   | ☐ Delete  | TITLE            |                       |                                    | *****   | ☐ Change        | ☐ Addition                        |
| NAME   |   |   | NAME             |                       |                                    |   |                 |                                   |
| STREET ADDRESS                               |   |   | STREET A         |                       |                                    |   |                 |                                   |
| CITY-ST-ZIP                                  |   |   | CITY-ST-         |                       |                                    |   |                 | · <u>-</u>                        |
| indicated                                    | ertify that the information supplied with<br>on this report or supplemental report is<br>poration or the receiver or trustee empo<br>or on an attachment with an address, v | true and accurate and that r                            | mv sianature     | e shall have the      | e same l                           | egal effect as if made under oath: that I   | l am an officer | r or director                     |