FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # K03901 1. Entity Name JOHN W. FERCH, INC. 04-11-2001 90080 010 ***150.00 Principal Place of Business Mailing Address 7752 RAVANA DR 7752 RAVANA DR 7752 RAVANA DR. 7752 RAVANA DR ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2856985 Not Applicable `Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERCH, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 7752 RAVANA DR. ORLANDO FL 32822 City Zip Code 8. The above named entibe submits this statement for the purcee of changing its registered office or registered agent, or both, in the State of Florida. ed or printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Addition NAME FERCH, JOHN W. NAME STREET ADDRESS STREET ADDRESS 7752 RAVANA DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE S ☐ Delete TITLE Addition NAME NAME FERCH JOHN W. STREET ADDRESS STREET ADDRESS 7752 RAVANA DR. CITY-ST-ZIP CITY-ST-ZIP <u>-Orlando FL - -</u> TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 all other like empowered.