## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2002 8:00 am Secretary of State .03316 DOCUMENT # 04-17-2002 90118 048 \*\*\*150.00 1. Entity Name FERRELL BUILDERS, INC. Principal Place of Business C/O DOUGLAS J. FERRELL C/O DOUGLAS J. FERRELL 735 CORAL DRIVE 735 CORAL DRIVE CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0135950 Not Applicable 7in Country Zip 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 FERRELL DOUGLAS J. Street Address (P.O. Box Number is Not Acceptable) 735 CORAL DRIVE CAPE CORAL FL 33904 City Zip Code FL 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/07) TITLE ☐ Delete TITLE ☐ Change Addition FERRELL, DOUGLAS J. NAME CR2E034 735 CORAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP ☐ Addition TITI F ☐ Channe TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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

**FILED** 

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 impowered.

CITY-ST-ZIP

CITY-ST-ZIP

## FOR PROFIT CORPORATION

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)  DOCUMENT #  1. Entity Name				Attachment		
					830903	
	DO NOT WRIT	E IN THIS	SPACE		#L03316	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRIT	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. fEl Number	Applied For Not Applicable	
Zip	Социту	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
			Name	7. Name and Address of Current	Registered Agent	
	DO NOT V	The second secon	Street Addre	ss_(P.O_Box Number is Not Acceptable	) = = = = =	
	IN THIS S	<b>IPACE</b>				
	and the second		City		FL Zip Code	
8. The above	e named entity submits this statemen	nt for the purpose of chang	ging Its registered office or regi	istered agent, or both, in the State of Flo	rida.	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registered Agent signature req	gured when reinstating)	DATE	
Tax filing	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back)	Afte	y 1 - May 1° Fee Is \$150.00 r May 1° Fee Is \$550.00 ended UBR Is \$61.25 Payable to Department of	10. Election Campaign Fin. Trust Fund Contribution		
11.	OFFICERS A	ND DIRECTORS	nice Collection		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
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TITLE	Vice Fresident	33914	This As a second			
NAME STREET ADDRESS	Shawna Klai 25485N28to E	VE	NAME STREET ADDRESS	DO NOT	WRITE	
TITLE	Cope Lord I	339/4	CITY ST. DP.	ner Correlation (Marie Correlation)	SDACE	
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CITY-ST-ZIP			Crry st-2p			
NAME			NAME			
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CITY-ST-ZIP TITLE NAME						
TITLE			STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby indicated of the co	d on this feport or supplemental report or or the receiver or trustee	ort is true and accurate and empowered to execute this	alify for the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I the same legal effect as if made under o er 807, Florida Statutes; and that my na	ath that Lam an officer or director	
NAME STREET ADDRESS CITY-ST-ZIP  13. 1 hereby indicated of the co	d on this feport or supplemental report of or the receiver of trustee and with an address, with all other like	ort is true and accurate and empowered to execute this	alify for the exemption stated in	the same legal effect as if made under o	ath that Lam an officer or director	

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## FERRELL BUILDERS INC.

4839 Vincennes Street CAPE CORAL FL. 33904 CBCO50085 CPCO57147

> Telephone 941-549-0566 FAX941-541-0937

FLORIDA DEPARTMENT OF STATE AMMUAL REPORTS SECTION DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE FL 32314

ENCLOSED IS CHECK MADE PAYABLE TO DEPARTMENT OF STATE. AFTER FILING ORGINAL REPORT I HAVE DECIDED TO ADD ADDITIONAL OFFICERS TO THE CORPORATION. WE WERE TOLD THAT THE REPORT WOULD HAVE TO BE PROCESSED PRIOR TO AN ADDINDUM BEING MADE TO ADD THESE OFFICERS. I HAVE ENCLOSED AN ADDITIONAL FORM WITH NAMES AND POSITIONS OF THE NEW OFFICERS. IS IT POSSIBLE TO DO WITH ORGINAL REPORT? IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME AT 941-549-0566 OR MY DAUGHTER SHAWNA.

THANK YOU

DOUGLAS J. FERRELA

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