


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

<b>DOCUMENT # L69570</b> 1. Entity Name <b>FERRELL SCHULTZ CARTER &amp; FERTEL, P.A.</b>	
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Principal Place of Business <b>C/O MILTON M. FERRELL, JR.</b> <b>201 S. BISCAYNE BLVD STE 3400</b> <b>MIAMI, FL 33131</b>	Mailing Address <b>C/O MILTON M. FERRELL, JR.</b> <b>201 S. BISCAYNE BLVD STE 3400</b> <b>MIAMI, FL 33131</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip
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**FILED**

**03 SEP 19 AM 11:46**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0187696</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>FERRELL, MILTON M., JR.</b> <b>201 S. BISCAYNE BLVD.</b> <b>STE 3400</b> <b>MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Amended UBR is \$81.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Mayra C. Da Castiglione **9.18.2003** **305-371-8585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mayra C. Da Castiglione, Secretary

CR2E034 (10/02)