

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91624 007 ***150.00

DOCUMENT # P00000092462

1. Entity Name
FERO GROUP, INC.

Principal Place of Business
 6311 ATRIUM DRIVE, BOX 204
 % HAROLD SCHADE
 BRADENTON FL 34202

Mailing Address
 POST OFFICE BOX 2585
 RIVERVIEW FL 33568



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7611 19th Ave NW
 Suite, Apt. #, etc.

3. Mailing Address
 7611 19th Ave NW
 Suite, Apt. #, etc.

City & State
 Bradenton, FL
Zip
 34209
Country

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 Bradenton, FL
Zip
 34209
Country

4. FEI Number 65-1043787
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL **Zip Code**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHADE, HAROLD R	
STREET ADDRESS	6311 ATRIUM DRIVE, BOX 204	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CORDER, JEFFREY C	
STREET ADDRESS	6311 ATRIUM DRIVE, BOX 204	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7611 19th Ave NW	
STREET ADDRESS	BRADENTON, FL 34209	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7611 19th Ave NW	
STREET ADDRESS	BRADENTON, FL 34209	
CITY-ST-ZIP	BRADENTON, FL 34209	
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 941 534-1326

Date

Daytime Phone #

CR2E034 (9/01)