

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114388

1. Entity Name
FERGUSON LIFESTYLE & HEALTH HISTORIES, INC.

Principal Place of Business
460 HORIZONS WEST, APT. 201
BOYNTON BEACH FL 33435

Mailing Address
460 HORIZONS WEST, APT. 201
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
161622843

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, MUIR C
639 EAST OCEAN AVE #409
BOYNTON BEACH FL 33435

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Muir C. Ferguson*

MUIR C FERGUSON

07/08/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, MUIR C 460 HORIZONS W #201 BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, KATE C 460 HORIZONS W #201 BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

MUIR C FERGUSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/02 361-732-3753
Date Daytime Phone #

FILED
Aug 27, 2002 8:00 am
Secretary of State

07-31-2002 90094 021 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment

42248
00000114388

July 29, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Under Paragraph 8 on frequently asked questions we request the late fee be waived because this corporation did not receive the prior notice. This may be because the name was changed and the address also as an amendment to our corporate documents filed May 6, 2002 by the Secretary of State. We received the notice about this change on May 15, 2002.

Accordingly, we are attaching our check in the amount of \$150 and the completed form.

Thank you for your help.

For the Corporation, FERGUSON LIFESTYLE & HEALTH HISTORIES, INC.
460 HORIZONS WEST APT 201
Boynton Beach, FL. 33435

Muir C. Ferguson, Pres
Muir C. Ferguson, President

Attachment 42248

Form SS-4 (Rev. April 2000) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) Keep a copy for your records.	EIN 16-1622-843 OMB No. 1545-0003
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Please type or print clearly.

1 Name of applicant (legal name) (see instructions) FERGUSON LIFESTYLE & HEALTH HISTORIES, INC	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 460 HORIZON WEST, APT. 201	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code BOYNTON BEACH, FL 33435	5b City, state, and ZIP code
6 County and state where principal business is located PALM BEACH COUNTY FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) 328-22-0592 MUIR C. FERGUSON, PRES	

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) LIMITED LIABILITY CO
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)
<input type="checkbox"/> Other (specify)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose)
<input checked="" type="checkbox"/> Started new business (specify type) COLLECT LIFESTYLE & HEALTH HISTORIES	<input type="checkbox"/> Changed type of organization (specify new type)
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type)	<input type="checkbox"/> Created a trust (specify type)
	<input type="checkbox"/> Other (specify)

10 Date business started or acquired (month, day, year) (see instructions) DEC 14, 2000	11 Closing month of accounting year (see instructions) DECEMBER
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12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) JAN 2003

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural 2	Agricultural	Household
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14 Principal activity (see instructions) COLLECTING LIFESTYLE & HEALTH HISTORIES FOR PROFIT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check one box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name FERGUSON-DUCKLEY, INC Trade name

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) APRIL 6, 1969 City and state where filed CHICAGO, ILLINOIS	Previous EIN 36 2672345
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

MUIR C. FERGUSON, PRESIDENT

Business telephone number (include area code) (561) 332-3753	Fax telephone number (include area code) ()
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Name and title (Please type or print clearly)	Signature Muir C. Ferguson	Date AUG 20, 2002
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Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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