

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90714 010 ***550.00

DOCUMENT # P01000077730

1. Entity Name

EDWARD P. FERGUSON, INC.

DO NOT WRITE IN THIS SPACE

11039537

2. Principal Place of Business
3392 Lakeview Circle

3. Mailing Address
3392 Lakeview Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
65-1127654

Applied For:
Not Applicable

Zip
32934

Country
USA

Zip
32934

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Edward Ferguson

Street Address (P.O. Box Number is Not Acceptable)

3392 Lakeview Circle

City Melbourne

FL

Zip Code
32934

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

Edward P. Ferguson

Edward Ferguson, Registered Agent

03/10/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when amending)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P/S
Ferguson, Edward
3392 Lakeview Circle, Melbourne, FL 32934

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/T
Ferguson, Laura
3392 Lakeview Circle, Melbourne, FL 32934

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Edward P. Ferguson

Edward Ferguson, President

03/10/03

321-757-0336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)