

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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0127572 AT

DOCUMENT # P02000044080

1. Entity Name
FERGUSON SIDING INC,



FILED

03 AUG 14 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1120 N CARPENTER ROAD
TITUSVILLE FL 32796

Mailing Address
1120 N CARPENTER ROAD
TITUSVILLE FL 32796

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0599519

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~CORPORATION SERVICE COMPANY~~
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, DANIEL ROBERT 1120 N CARPENTER ROAD TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, KIMBERLY ANN 1120 N CARPENTER ROAD TITUSVILLE FL 32796	<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
	500022612745 08/27/03--01056--008 **150.00	
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Robert Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (4/03)

Attachment

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TO WHOM IT MAY CONCERN

A UNIFORM BUSINESS REPORT WAS FILED BY ME ON TIME WITH A FEE OF 150.00. THE REPORT WAS SENT BACK TO ME BECAUSE I DID NOT PUT MY FEI NUMBER IN. SO I FILLED IN THE FEI NUMBER AND RE-SUBMITTED IT. NOW I GOT NOTIFIED THAT I NEVER FILLED AND THE FEE IS 550.00 THIS NEEDS TO BE RESOLVED PLEASE THANK YOU. I AM SENDING ANOTHER 150.00 TO YOU FOR THE ORIGINAL FILING FEE IN CASE IT GOT LOST IN THE MAIL. I WILL CHECK MY RECORDS TO SEE IF THE CHECK WAS CASHED.

THANK YOU
David R. Ferguson