

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

**DOCUMENT # P02000090388**

1. Entity Name  
**SEAN TY FEREL PROPERTY MANAGEMENT, INC.**



04-23-2003 90171 049 \*\*\*150.00  
05-05-2003 91865 010 \*\*\*150.00

Principal Place of Business  
~~172 NE 20 CT~~ **1000 SE 4 ST #216**  
~~FORT LAUDERDALE FL 33305~~ **33301**

Mailing Address  
~~172 NE 20 CT~~ **P.O. Box 7522**  
~~FORT LAUDERDALE FL 33305~~ **33338-7522**



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

**32-0026382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**FEREL, SEAN**  
**172 NE 20 CT**  
**FORT LAUDERDALE FL 33305**

## 7. Name and Address of New Registered Agent

Name

**Sean Ferel**

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

**1000 SE 4 ST #216**

**FL LAUD FL**

City

**FL**

Zip Code

**33301**

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

*Sean Ferel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

TITLE	PT	<input type="checkbox"/> Delete
NAME	FEREL, SEAN	
STREET ADDRESS	172 NE 20 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DOLE, SCOTT	
STREET ADDRESS	172 NE 20 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAN FEREL	
STREET ADDRESS	1000 SE 4 ST #216	
CITY-ST-ZIP	FL LAUD FL 33301	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT DOLE	
STREET ADDRESS	1000 SE 4 ST #216	
CITY-ST-ZIP	FL LAUD FL 33301	
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		
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		

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-03**

Date

**954 224-9855**

Daytime Phone #

CR2E034 (10/02)