

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90748 025 ***150.00

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DOCUMENT # P02000114202

1. Entity Name
FERGUSON GROUP, INC.



Principal Place of Business
1105 CAPE CORAL PKWY STE C
CAPE CORAL FL 33904

Mailing Address
1105 CAPE CORAL PKWY STE C
CAPE CORAL FL 33904

2. Principal Place of Business
4123 SE 10th Ct.

3. Mailing Address
4123 SE 10th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State
Cape Coral, FL

4. FEI Number
51-0434330

Applied For
Not Applicable

Zip Country
33904 US

Zip Country
33904 US

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

SCHUTT, DARRIN R ESQ
1105 CAPE CORAL PKWY STE C
CAPE CORAL FL 33904

Name Christopher D. Ferguson
Street Address (P.O. Box Number is Not Acceptable)
4123 SE 10th Ct
City Cape Coral FL Zip Code 33904

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 Christopher Ferguson, President

4/30/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
P
Ferguson, Christopher D.
4123 SE 10th Ct.
Cape Coral, FL 33904

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
S
Ferguson, Trisha S.
4123 SE 10th Ct.
Cape Coral, FL 33904

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

239-822-6232

Daytime Phone #

CR2E034 (10/02)