

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P20870

1. Entity Name
FERNALD ASSOCIATES, INC.



FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90262 050 ***150.00

Principal Place of Business
**P.O. BOX 1757
BOCA RATON FL 33429**

Mailing Address
**P.O. BOX 1757
BOCA RATON FL 33429**

11013101



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
04-2657593

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

**FERNALD, OLAF H.
891 HICKORY TERR.
BOCA RATON FL 33486**

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 \$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 ☐ Delete
NAME **PTD**
STREET ADDRESS **FERNALD, OLAF H.**
CITY-ST-ZIP **891 HICKORY TERR.
BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **FERNALD, JEANNE O.**
CITY-ST-ZIP **891 HICKORY TERR.
BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FERNALD, G. LAWRENCE**
CITY-ST-ZIP **34 EMERALD LANE
MARSTONS MILLS MA 02648**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **FERNALD, G. LAWRENCE**
CITY-ST-ZIP **139 GROVE ST.
WESTWOOD, MA 02090**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FERNALD, JONATHAN D.**
CITY-ST-ZIP **627 POKER HILL RD
UNDERHILL VT 05489**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Olaf H. Fernald* **REQUIRED** OLAF H. FERNALD 4/19/03 561-391-9129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)