

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000073902**

1. Entity Name

FERGUSON INSURANCE INC.**FILED****Mar 17, 2000 8:00 am**
Secretary of State

03-17-2000 90040 047 ***150.00

C0039154

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2914 LANDMARK WAY PALM HARBOR FL 34684		Mailing Address 30043 US 19 NORTH SUITE 140 CLEARWATER FL 33761-1032 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2914 LANDMARK WAY Suite, Apt. #, etc.	
City & State PALM HARBOR, FL		4. FEI Number 59-3205787 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34684	Country FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERGUSON, THOMAS 2914 LANDMARK WAY PALM HARBOR FL 34684		7. Name and Address of New Registered Agent 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, TOM 2914 LANDMARK WAY PALM HARBOR FL 34684	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Thomas Ferguson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/2/00 727 786 1723 <small>Date Daytime Phone #</small>	