2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P94000023766 1. Entity Name 04-30-2002 90068 039 ***150 00 FERRELL ENTERPRISES INC. Principal Place of Business Mailing Address P.O. BOX 13 P.O. BOX 13 MELROSE FL 32666 MELROSE FL 32666 2. Principal Place of Business 3. Mailing Address -Suite,:Apt.#_otc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3239990 Not Applicable Zip Country ZiDCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERRELL, LAWRENCE E Street Address (P.O. Box Number is Not Acceptable) 124 HOTEL ST MELROSE FL 32666 Zip Code 进入研究工作的原则 City FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE'IS \$150.00" 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE FERRELL, L EMERSON NAME NAME STREET ADDRESS STREET ADDRESS 124 HOTEL ST PO BOX 13 CITY-ST-ZIP CITY-ST-ZIP MELROSE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE .. NAME - - - - - 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS de Product to Esta CITY SIX ZIP! CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information

indicated on this report or supplem of the corporation or the receiver changed, or on an attachment

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

this fill

JIRKO EMERSON FERRE!

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED