

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012594

1. Entity Name

PINE RIDGE FERTILIZER AND GARDEN CENTER, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90043 039 ***150.00

Principal Place of Business

3295 PINE RIDGE RD
NAPLES FL 33942
US

Mailing Address

800 NORTH SIDE DR
SUITE 27
SUMMERSVILLE WV 26651
US

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 **65-0576418**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUSK, TIMOTHY D
3295 PINE RIDGE RD. EXTENSION
NAPLES FL 33942

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FERGUSON, JAMES H | |
| STREET ADDRESS | 2 WOODSIDE DR | |
| CITY-ST-ZIP | SUMMERSVILLE WV | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | FERGUSON, J. STEVEN | |
| STREET ADDRESS | 1004 VAUGHAN AV | |
| CITY-ST-ZIP | SUMMERSVILLE WV | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FERGUSON, R B | |
| STREET ADDRESS | 381 CLARISSA DR | |
| CITY-ST-ZIP | SUMMERSVILLE WV | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LUSK, TIMOTHY D | |
| STREET ADDRESS | 3295 PINE RIDGE RD | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

J. Steven Ferguson J. Steven Ferguson

Date

2-12-01

304-872-4841

Daytime Phone # 872.106

CR2E034 (10/00)