

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90369 009 \*\*\*150.00

**DOCUMENT # P95000057541**

1. Entity Name

**FERGIS & SELCK ARCHITECTS, P.A.**

Principal Place of Business

Mailing Address

~~999 NINTH ST S~~  
~~202~~  
 NAPLES FL 34102  
 US

~~999 NINTH ST S~~  
~~202~~  
 NAPLES FL 34102-8200  
 US

2. Principal Place of Business

**590 11th Ave S**

3. Mailing Address

**590 11th Ave S**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0601021**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SELCK, THOMAS E**  
**999 NINTH ST S**  
**202**  
**NAPLES FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

**590 11th ST. S.**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SELCK, THOMAS E</b>	
STREET ADDRESS	<b>999 NINTH ST S, 202</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>SELCK, ANN</b>	
STREET ADDRESS	<b>999 9TH ST. J #202</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102.</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>590 11th ST. S.</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>590 11th ST. S</b>	
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jonathan P. KUEK</b>	
STREET ADDRESS	<b>590 11th ST. S</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TIMOTHY J. SLAWSON</b>	
STREET ADDRESS	<b>7341 SW 168th ST #B</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
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: *Ann Selck* **Ann Selck**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/31/00**

Date

**941-643-4030**

Daytime Phone #

CR2E034 (9/99)