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

Mailing Address

TAMPA FL 33606

1306 W. KENNEDY BLVD

## P96000078149 DOCUMENT #

1. Entity Name

1031 US HWY 17 N.

WAUCHULA FL 33873

FERMAN FORD, INC.

Principal Place of Business



## **FILED** Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90109 048 \*\*\*150.00

30023751



2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		_	A THE CONTROL OF A STATE OF THE CONTROL FROM THE CONTROL CONTR	H
				$\dashv$	CHECK HERE IF MAKING CHANGES	
City & State		City & State		4.	FEI Number <b>59-3404464</b> Applied F	
Zip	Country	Zip	Country	5.	Certificate of Status Desired S8.75 Additional Fee Required	_
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registered Agent	
STRASKE, STEPHEN B II			Name			
1306 W KENNEDY BLVD			Street Addres	s (P.O.	Box Number is Not Acceptable)	
TAMPA FL				_		
			City		FL Zip Code	
8. The abov	re named entity submits this statement for	or the purpose of changing it	ts registered office or regis	tered a	agent, or both, in the State of Florida. I am familiar with, and acc	cept
the obliga	ations of registered agent.					·
SIGNATURE						İ
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requ	ired when	reinstating) DATE	.
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department o	of State			9. Election Campaign Financing \$5.00 May Trust Fund Contribution.	
10.	OFFICERS AND	DIRECTORS	11.	A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Ad	dition
NAME	ENGLISH, DANA		NAME		- Vitaligo - I / II	
STREET ADDRESS	100. 00		STREET ADDRESS			J
CITY-ST-ZIP	WAUCHULA FL 33873		CITY-ST-ZIP		•	ļ
TITLE	γD	☐ Delete	TITLE		Change Ad	dition
NAME	FERMAN JR., JAMES L		NAME			
STREET ADDRESS	POOD IN MERINIED POETS		STREET ADDRESS		•	1
CITY-ST-ZIP.	TAMPA FL 33606		CITY-ST-ZIP		-	
TITLE	STV	☐ Delete	TITLE		☐ Change ☐ Ade	dition
NAME	STRASKE, STEPHEN B II		NAME			1
STREET ADDRESS CITY-ST-ZIP	1306 W KENNEDY BLVD		STREET ADDRESS			
	TAMPA FL 33606		CITY-ST-ZIP			
TITLE NAME	ASD DESTAND	☐ Delete	TITLE		☐ Change ☐ Ado	dition
	FARRIOR, PRESTON L 1306 W KENNEDY BLVD		NAME STREET ADDRESS		- 1 - 2 - 2	
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP			
TITLE	/P		— <del>-</del>			
	BRAKEMAN, JAMES E	☐ Delete	TITLE		Change Add	Jition
STREET ADDRESS	1306 W KENNEDY BLVD		NAME STREET ADDRESS			}
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP			1
TITLE		□ Delete	<del></del>		1	
NAME		La perere	TITLE NAME		Change Add	ition
STREET ADDRESS			STREET ADDRESS			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1,19.07(3)(1), 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.

CITY-ST-ZIP

SIGNATURE: 4

RStaphan B Straske II

813-251-2765