

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90039 026 ***150.00

DOCUMENT # P96000086471

1. Entity Name

FERRO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1918 1ST STREET
 INDIAN ROCKS BCH FL 33785

1918 1ST STREET
 STE. 203
 INDIAN ROCKS BCH FL 33785-2906

O U J I I O



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11285 SEMINOLE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

11285 SEMINOLE BLVD.

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

4. FEI Number

59-3404593

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

33778

Country

~~FLORIDA~~ **USA**

Zip

33778

Country

USA

6. Name and Address of Current Registered Agent

**FERRO, KYLE K
 500 BELCHER RD S
 LARGO FL 33771**

7. Name and Address of New Registered Agent

Name

KYLE K FERRO

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

1918 1ST ST.

City

INDIAN ROCKS BEACH, FL

Zip Code

33785

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FERRO, KYLE	1918 1ST STREET	INDIAN ROCKS BCH FL 33785	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 all other like empowered.

SIGNATURE:

Kyle K Ferro **KYLE K FERRO President**

Date

Daytime Phone #

1-17-00 (727) 394-9727