

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

PA7000074774

1. Entity Name

Ferrigan Enterprises, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 27 AM 10:13

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3301 Placida Road

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Englewood, FL

City & State

4. FEI Number

59-3464511

Applied For

Not Applicable

Zip

34224

Country

Charlotte

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph Peter Ferrigan

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

4462 Chase Oaks Dr.

City

Sarasota

FL

Zip Code

34241

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

Pres.
Ferrigan, Joseph
Same as above

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

300005254383--9
-04/11/02--01058--014
****150.00 ****150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
Ferrigan, Virginia
Same as above

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

3/30/02

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 on an attachment with an address with all other like empowered.

SIGNATURE

Joseph Peter Ferrigan 3/30/02 (941) 698-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)