

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90007 013 \*\*\*150.00

DOCUMENT # **P97000100552** ✓  
 1. Entity Name  
**FERRELL-JOHNSEN, INC.**

**00023988**

Principal Place of Business Mailing Address  
**16 N. CLYDE AVENUE**  
**KISSIMMEE, FL 34741**

2. Principal Place of Business 3. Mailing Address  
**123 S. CLYDE AVE** **123 S. CLYDE AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**KISSIMMEE, FL** **KISSIMMEE, FL**  
 Zip Country Zip Country  
**34741 USA** **34741 USA**

4. FEI Number Applied For  
**593479800** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MICHAEL BROWNING**  
**402 Applerouth Lane**  
**Key West, FL 33040**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**  
**Area MAY 1, 2001 Fee will be \$850.00**  
**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
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Richard F. Ferrell</b> <b>123 Seagull Lane</b> <b>Sarasota, FL 34236</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TOM JOHNSEN</b> <b>1408 COMPASS COURT</b> <b>KISSIMMEE, FL 34744</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Date: **3/11/01** Daytime Phone #: **407-847-2111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)