

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90035 025 ***150.00

DOCUMENT # P98000026649

1. Entity Name
CARL FERRARO & ASSOCIATES, INC.

Principal Place of Business Mailing Address
~~620 PONY COURT~~ ~~620 PONY COURT~~
WINTER SPRINGS FL 32708 **WINTER SPRINGS FL 32708**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 1
1112 O' DAY DRIVE **1112 O' DAY DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
WINTER SPRINGS, FL **WINTER SPRINGS, FL**

City & State City & State
WINTER SPRINGS, FL **WINTER SPRINGS, FL**

Zip Country Zip Country
32708 **USA** **32708** **USA**

4. FEI Number **59-2499160** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FERRARO, CARL M
~~620 PONY COURT~~
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1112 O' DAY DRIVE
 City **WINTER SPRINGS, FL** State **FL** Zip Code **32708**

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 *Carl M Ferraro* DATE 1/16/01
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
Tax filing requirement and elects to do so. 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	D	<input type="checkbox"/> Delete
NAME	FERRARO, CARL M	
STREET ADDRESS	620 PONY COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	FERRARO, CARL M	
STREET ADDRESS	620 PONY COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1112 O' DAY DRIVE	
STREET ADDRESS	WINTER SPRINGS, FL 32708	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1112 O' DAY DRIVE	
STREET ADDRESS	WINTER SPRINGS, FL 32708	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
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 *Carl M Ferraro* **CARL M FERRARO, D PVST** DATE 1/16/01 DAYTIME PHONE # 407-294-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)