

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078931

1. Entity Name

FERGUSON BROTHERS INCORPORATED

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90155 046 ***150.00

Principal Place of Business

2857 INDIANWOOD DRIVE
SARASOTA FL 34232

Mailing Address

2857 INDIANWOOD DRIVE
SARASOTA FL 34232-6010

2. Principal Place of Business

3427 BANIA VISTA

3. Mailing Address

3427 BANIA VISTA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0869666

Applied For

Not Applicable

Zip

34239

Country

SARASOTA

Zip

34239

Country

SARASOTA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, TRENT
2857 INDIANWOOD DRIVE
SARASOTA FL 34232

Name

TRENT FERGUSON

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

3427 BANIA VISTA

City

SARASOTA

FL

Zip Code

34239

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

C. Trent Ferguson V.P.

4/18/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS FERGUSON, TRENT
CITY-ST-ZIP 2857 INDIANWOOD DRIVE
SARASOTA FL 34232

TITLE VP ☒ Change ☐ Addition
NAME TRENT FERGUSON
STREET ADDRESS 3427 BANIA VISTA
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ Delete
NAME FERG
STREET ADDRESS USON, SHANE
CITY-ST-ZIP 4738 PARNELL DRIVE
SARASOTA FL 34232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

C. Trent Ferguson

4/18/00

941-954-4759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)