

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90153 023 \*\*\*550.00

**DOCUMENT # P98000078931**

1. Entity Name

**FERGUSON BROTHERS INCORPORATED**

Principal Place of Business

**1345**  
**1650 MAIN STREET SUITE 601**  
**SARASOTA FL 34236**

Mailing Address

**1345**  
**1650 MAIN STREET SUITE 601**  
**SARASOTA FL 34236**

2. Principal Place of Business

**FERGUSON BROTHERS, INC**

3. Mailing Address

**FERGUSON BROTHERS, INC.**

Suite, Apt. #, etc.

**1345 MAIN STREET SUITE 601**

Suite, Apt. #, etc.

**1345 MAIN STREET SUITE 601**

City & State

**SARASOTA FLORIDA**

City & State

**SARASOTA FLORIDA**

Zip

**34236**

Country

**SARASOTA**

Zip

**34236**

Country

**SARASOTA**

6. Name and Address of Current Registered Agent

**FERGUSON, TRENT**  
**3427 BAHIA VISTA**  
**SARASOTA FL 34239**

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

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, 2002 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 **VP** ☐ Delete  
 NAME **FERGUSON, TRENT**  
 STREET ADDRESS **3427 BAHIA VISTA**  
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **PRES.** ☐ Change ☐ Addition  
 NAME **MICHAEL SHANE FERGUSON**  
 STREET ADDRESS **1345 MAIN ST. G-1**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

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

TITLE **V.P.** ☐ Change ☐ Addition  
 NAME **NICHOLAS JOHN RIBAUDO**  
 STREET ADDRESS **1345 MAIN ST. G-1**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **OFFICE MANAGER** ☒ Change ☐ Addition  
 NAME **KAREN MARIE WUESTLING**  
 STREET ADDRESS **1345 MAIN ST G-1**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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:

**NICHOLAS RIBAUDO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)