2002 UNIFORM BUSINESS REPORT (UBR)

changed or on an attachment

SIGNATURE:

in an addr<u>es</u>

Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P99000036687 1. Entity Name FERRIS CONSTRUCTION & DEVELOPMENT COMPANY 04-23-2002 90453 001 ****75.00 04-23-2002 90453 002 ****75.00 Principal Place of Business Mailing Address 8317 FRONT BEACH ROAD 8317 FRONT BEACH ROAD **STE 31 STF 31** PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3453346 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERRIS, VINCE Street Address (P.O. Box Number is Not Acceptable) 3510 Fox Run Blud 43102 PRESERVE ROOKERY BLVD Panama City Boh, FL PANAMA CITY FL 32408 Zip Code 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Addition TITLE Change TITLE ☐ Delete NAME FERRIS, VINCENT H NAME STREET ADDRESS STREET ADDRES 302 PRESEVRE ROOKERY BLVD PANAMA CITY FL 32408 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE **VP** NAME NAME FERRIS, REBECCA L STREET ADDRESS STREET ADDRESS 3102 PRESERVE BLVD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY-FL-32408 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change | Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

FILED