

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080419

1. Entity Name

FERRA & ASSOCIATES, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90094 004 ***150.00

Principal Place of Business

Mailing Address

300 N. BELCHER RD.
CLEARWATER FL 33765

300 N. BELCHER RD.
CLEARWATER FL 33765-2105

1686 N. BELCHER RD
CLEARWATER FL 33765

1686 N. BELCHER RD
CLEARWATER FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3616305

Applied For

Not Applicable

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

FERRA, STEPHEN A ESQ.
1421 F COURT ST.
CLEARWATER FL 33756
FERRA STEPHEN A
1421 F COURT ST CLEARWATER FL 33756

STEVE FERRA
832 PARK CT.
PALM HARBOR FL
34683

Name

STEVE FERRA

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

832 PARK CT

City

PALM HARBOR

FL

Zip Code 34683

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)

4/17/2000

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 FERRA, STEVE
STREET ADDRESS 832 PARK CT
CITY-ST-ZIP PALM HARBOR, FL 34683

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
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

727 441-3813

Daytime Phone #

CR2E034 (9/99)