

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90139 035 ***150.00

DOCUMENT # P99000080419

1. Entity Name
FERRA & ASSOCIATES, INC.



Principal Place of Business
**1686 N. BELCHER RD.
CLEARWATER FL 33768**

Mailing Address
**1686 N. BELCHER RD.
CLEARWATER FL 33768**



2. Principal Place of Business
2189 LOGAN ST
Suite, Apt. #, etc.

3. Mailing Address
2189 LOGAN ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL.

City & State
CLEARWATER, FL

4. FEI Number **59-3616305**

Applied For
Not Applicable

Zip
33765

Country
USA

Zip
33765

Country
USA

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

6. Name and Address of Current Registered Agent

**FERRA, STONE
832 PARIC CT.
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name
FERRA, STEVE
Street Address (P.O. Box Number is Not Acceptable)
832 PARK CT
PALM HARBOR
City
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERRA, STEVE 900 N. BELCHER RD. CLEARWATER FL 33765 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FERRA, STEVE 2189 LOGAN ST CLEARWATER, FL. 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 727-442-4087

Date

Daytime Phone #

CR2E034 (10/02)