

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90356 034 ***150.00

0082285 AV

DOCUMENT # V13563

1. Entity Name
THOMAS J. FERRIS, INC.



Principal Place of Business
**1609 RIPLEY RUN
WELLINGTON FL 33414
US**

Mailing Address
**1609 RIPLEY RUN
WELLINGTON FL 33414
US**



2. Principal Place of Business
14134 Belmont Trace
Suite, Apt. #, etc.

3. Mailing Address
14134 Belmont Trace
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Wellington FL
Zip
33414 Country
USA

City & State
Wellington FL
Zip
33414 Country
USA

4. FEI Number
65-0304236

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERRIS, THOMAS J
1783 TULIP LN.
WELLINGTON FL 33414**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRIS, THOMAS J 1783 TULIP LN. WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

7/16/03 **561-644-2743**
Date Daytime Phone #

CR2E034 (4/03)

Attachment

90145267

V13563

1052

DATE

1/15/03

PAY TO

American Exp.

FOR

	DOLLARS	CENTS
BALANCE BROUGHT FORWARD		
DEPOSIT		
DEPOSIT	1500	-
TOTAL	1020	09
AMOUNT THIS CHECK	733	06
BALANCE		
OTHER TRANSACTIONS +/-		
BALANCE	287	03

TAX DEDUCTIBLE ☐

3N-454 STYLE 28 PRESTIGE

1053

DATE

1/21/03

PAY TO

DIVISION OF CORPS.

FOR

	DOLLARS	CENTS
BALANCE BROUGHT FORWARD		
DEPOSIT		
DEPOSIT		
TOTAL		
AMOUNT THIS CHECK	150	-
BALANCE		
OTHER TRANSACTIONS +/-		
BALANCE	137	03

TAX DEDUCTIBLE ☐

3N-454 STYLE 28 PRESTIGE

1054

DATE

1/1/21/23

PAY TO

Tom Ferris

FOR

	DOLLARS	CENTS
BALANCE BROUGHT FORWARD		
DEPOSIT		
DEPOSIT		
TOTAL		
AMOUNT THIS CHECK	100	-
BALANCE		
OTHER TRANSACTIONS +/-		
BALANCE	77	03

TAX DEDUCTIBLE ☐

3N-454 STYLE 28 PRESTIGE