

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90044 049 ***150.00

DOCUMENT # V29334
 1. Entity Name
MICHAEL LAMBERT FERGUSON, P.A.

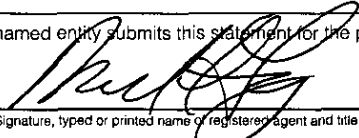
| | | | |
|---------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------|---------|
| Principal Place of Business 4300 BAYOU BLVD. STE. 12 & 13 PENSACOLA FL 32503 US | | Mailing Address 4300 BAYOU BLVD. STE. 12 & 13 PENSACOLA FL 32503-2614 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. Suite 13 | | Suite, Apt. #, etc. Suite 13 | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| 4. FEI Number 59-3115321 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FERGUSON, MICHAEL LAMBERT 4300 BAYOU BLVD. STES. 12 & 13 PENSACOLA FL 32503 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite 13 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  (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, 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 NAME STREET ADDRESS CITY-ST-ZIP | PD FERGUSON, MICHAEL L 4300 BAYOU BLVD. STES. 12 & 13 PENSACOLA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4300 Bayou Blvd., Suite 13 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST <input checked="" type="checkbox"/> Delete FERGUSON, MICHAEL L 4300 BAYOU BLVD. STES. 12 & 13 PENSACOLA FL | 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"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **President** 1/19/00 8504770660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #