## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 11, 2000 8:00 am **DOCUMENT # 696610 Secretary of State** 1. Entity Name TERRY'S ELECTRIC, INC. 02-11-2000 90040 031 \*\*\*158.75 Mailing Address Principal Place of Business 600 N THACKER AVENUE. SUITE A 600 N THACKER AVENUE, SUITE A KISSIMMEE FL 34741-4807 KISSIMMEE FL 34741 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2126995 City & State Not ≙...... \$8.75 Additional Country 5. Certificate of Status Desired Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) QUIGLEY, JEANNE T. 600 N THACKER AVENUE, SUITE A KISSIMMEE FL 34741 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE PTD TITLE NAME QUIGLEY, B. TERENCE NAME STREET ADDRESS 600 N. THACKER AV #A STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-7IP Change ☐ Delete VSD TITLE QUIGLEY, JEANNE T. NAME STREET ADDRESS 600 N. THACKER AV. #A STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-ZIP Change TITLE Delete. TITLE \_\_\_ NAME QUIGLEY, JAMES T NAME STREET ADDRESS 600 N THACKER AV STE A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Change ☐ Delete NAME QUIGLEY, TIMOTHY NAME STREET ADDRESS 600 N THACKER AVE #A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ... ☐ Change ☐ Delete TITLE 4". TITLE NEVEU, MARK R. . . NAME STREET ADDRESS 600 N THACKER AVE #A STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-ZIP Change $\Box$ TITLE ☐ Delete NEVEU, JOHN P NAME

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 discontinuous 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

600 N THACKER AVE #A

KISSIMEÈE FL: