

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90336 004 \*\*\*\*61.25

**DOCUMENT # N40644**

1. Entity Name

**TERMS USER GROUP, INC.**

Principal Place of Business

Mailing Address

% SUE WETHERINGTON  
 919 N BROAD ST  
 BROOKSVILLE FL 34601  
 US

919 N BROAD ST  
 BROOKSVILLE FL 34601  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% Ann Altman  
 Suite, Apt. #, etc.  
 20430 Gator Lane

20430 Gator Lane  
 Suite, Apt. #, etc.

City & State

City & State

Land O' Lakes, FL

Land O' Lakes, FL

Zip  
 34639

Country  
 U.S.

Zip  
 34639

Country  
 U.S.

4. FEI Number  
 65-0236801

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

SUE WETHERINGTON  
 919 N BROAD ST  
 BROOKSVILLE FL 34601

Name  
 Ann Altman  
 Street Address (P.O. Box Number is Not Acceptable)  
 20430 Gator Lane  
 City  
 Land O' Lakes FL Zip Code  
 34639

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 *Ann Altman* ANN ALTMAN Sec. Treas.  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-10-02  
 DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUSS, KEVIN 3481 REID STREET PALATKA FL 32177	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUE WETHERINGTON 919 N BROAD ST BROOKSVILLE FL 34601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSS, KEVIN 3841 REID STREET PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBLIN, STEVE 1007 WEST MAIN STREET BUILDING 300 INVERNESS FL 34450-4698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, ANN 7227 LAND O'LAKES BLVD LAND O LAKES FL 34639	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANS, LORRAINE 900 WALNUT STREET GREEN COVE SPRINGS FL 34023	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve <del>XXXXXXXXXX</del> TAYLOR 2903 Jefferson St. MARIANNA, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRUCE McGuffey 900 Walnut Street Green Cove Springs, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Chamblin 1007 West Main St. Bldg 300 Inverness, FL 34450-4698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann Altman 20430 Gator Lane Land O' Lakes, FL 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Clements 241 Trumbo Road Key West, FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judy Schalk 500 E. Ocean Blvd Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" 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 617, 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: *Ann Altman* ANN ALTMAN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 352-524-2638  
 Date Daytime Phone #

002E037 (9/01)