


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90348 001 ***450.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000022879

1. Entity Name
SECRETERRI CORPORATION



Principal Place of Business
 1107 E. SILVER SPRINGS BLVD.
 UNIT 5
 OCALA, FL 34471

Mailing Address
 1107 E. SILVER SPRINGS BLVD.
 UNIT 5
 OCALA, FL 34471

2. Principal Place of Business
535 NE SI AVE RD

3. Mailing Address
P.O. Box 830944

Suite, Apt. #, etc.

City & State
Ocala FL

City & State
Ocala FL

Zip
34470

Country
MARION

Zip
34483

Country
MARION



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BROWN, TERRI L
1107 E S.S. BLVD #5
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name
TERRI L. BROWN

Street Address (P.O. Box Number is Not Acceptable)
535 NE SI AVE RD

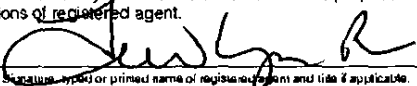
City
Ocala FL Zip Code
34470

4. FEI Number
59-3562096

Applied For
 Not Applicable

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

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  DATE **4-30-03**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, TERRI LYNN		NAME TERRI BROWN	
STREET ADDRESS 1107 E. SILVER SPRINGS BLVD.		STREET ADDRESS 535 NE SI AVE RD	
CITY-ST-ZIP OCALA, FL 34471		CITY-ST-ZIP Ocala FL 34470	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE **4-30-03** 352-207-3831

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

CFR2034 (10/02)