

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90150 034 ***150.00

0481028 AV

DOCUMENT # P99000069275

1. Entity Name
TEROSCANDA CORP.



Principal Place of Business
**11752 KAY COURT
LARGO FL 33778**

Mailing Address
**5401 CENTRAL AVE
SAINT PETERSBURG FL 33710**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3594536**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCATEE, CAROL
5401 CENTRAL AVE
SAINT PETERSBURG FL 33710**

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

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

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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

5/1/03

Date

727 463-6416

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT
P99000069275
80115673

5/4/03

To Whom it may Concern:
RE: Teroscanda Corp. 59-3594536

Enclosed is my 2003 UBR and
payment of \$150⁰⁰.

I Realize the payment is late
And I Am Subject to the \$400⁰⁰
late fee. It was not my intention
to miss the May 1st deadline.
I Simply forgot to mail the
payment. I Am A Single person
Corporation I Can not Afford to
pay the additional \$400⁰⁰.

I would like to Request that if possible
You WAIVE the late payment. I would
like to thank you very much for Any
Consideration you would Allow me.

If you need to contact me for Any
Reason, Call me At (727) 463-6416.

Again I Apologize And I thank you for considering
my Request.

Tom Tripp