2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # 159666 1. Entity Name TERRY BUICK, INCORPORATED 04-02-2002 90859 038 ***150.00 Principal Place of Business Mailing Address 6400 BLANDING BLVD. 6400 BLANDING BLVD. P O BOX 14327 P O BOX 14327 JACKSONVILLE FL 32238-8327 JACKSONVILLE FL 32238-8327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0606449 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERRY; RAY-G Street Address (P.O. Box Number is Not Acceptable) 6400 BLANDING BLVD. 5637 GOLFRIDGE LANE JACKSONVILLE FL 32244 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME TERRY.RAY G NAME STREET ADDRESS 6400 BLANDING BLVD. STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL CITY-ST-ZIP TITLE ST ☐ Delete ☐ Change ☐ Addition NAME HELLER, MARY L NAME STREET ADDRESS STREET ADDRESS 6400 BLANDING BLVD. CITY-ST-ZIE CITY-ST-ZIP JACKSONVILLE, FL 00000 TITLE ☐ Delete TITLE ☐ Change Addition TERRY, RAY-G., JR---NAME STREET ADDRESS 6400 BLANDING BLVD. STREET ADDRESS CITY-ST-ZIP JA<u>CK</u>SONVILLE FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME TERRY, F. RUSSELL NAME STREET ADDRESS 6400 BLANDING BLVD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change ☐ Addition NAME MIDDLEKAUFF, FRANCES R NAME STREET ADDRESS 6400 BLANDING BLVD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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.

Date