## 2003 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 282879**

Entity Name: TERRY'S AUTO SUPPLY, INC.

FILED Mar 27, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: 524 NORTH DIXIE HIGHWAY** P.O.BOX 467 HOLLYWOOD, FL 330227467 **New Mailing Address: Current Mailing Address:** 524 NORTH DIXIE HIGHWAY P.O.BOX 467 HOLLYWOOD, FL 330227467 FEI Number: 59-1055276 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FINK, STEPHEN W. 524 N. DIXIE HWY HOLLYWOOD, FL 33020 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FINK, VIVIAN, Name: Name: 1229 CORAL LANE Address: Address: City-St-Zip: HOLLYWOOD, FL City-St-Zip: Title: PD Title: ( ) Delete () Change () Addition FINK, STEPHEN. Name: Name: 14105 SHERIDAN ST Address: Address: FT. LAUDERDALE, FL City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition LEVY, HOWARD, Name: Name: 524 N DIXIE HWY Address: Address: City-St-Zip: HOLLYWOOD, FL City-St-Zip: Title: () Delete Title: () Change () Addition FINK, JUDY C., Name: Name: Address: 14105 SHERIDAN ST. Address: City-St-Zip: FT.LAUDERDALE, FL City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition EVANS, INGRED Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEPHEN W. FINK PD 03/27/2003

524 N DIXIE HWY

HOLLYWOOD, FL 33020

Address:

City-St-Zip: