

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 366423**

1. Entity Name

TERRY'S AUTO CENTER, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90056 036 ***158.75

Principal Place of Business

**5509 COMMERCE DR
A
ORLANDO FL 32839
US**

Mailing Address

**PO BOX 568514
ORLANDO FL 32856-8514
US**

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 **59-1302325**

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

**VANMIDDLESWORTH, TERRY D
90 CIMMARON DR
PALM COAST FL 32137**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

Terry D. Van Middlesworth

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/20019. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)**.FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.**\$5.00-May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	VANMIDDLESWORTH, TERRY D	
STREET ADDRESS	90 CIMMARON DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	VANMIDDLESWORTH, MARTHA M	
STREET ADDRESS	90 CIMMARON DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry D. Van Middlesworth

Date

Daytime Phone #

1/22/2001 407-438-3411X1

CR2E034 (10/00)