

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90031 003 ***158.75

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DOCUMENT # 366423

1. Entity Name

TERRY'S AUTO CENTER, INC.

Principal Place of Business

5509 COMMERCE DR

A

ORLANDO FL 32839

US

Mailing Address

PO BOX 568514

ORLANDO FL 32856-8514

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5 Market Place Ct.

3. Mailing Address

PO Box 354912

Suite, Apt. #, etc.

UNIT 4

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

4. FEI Number

59-1302325

Applied For

Not Applicable

Zip

32137

Country

Flagler

Zip

32135-4912

Country

Flagler

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

SVP
VANMIDDLESWORTH, MARTHA M
90 CIMMARON DR
PALM COAST FL 32137

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 #

CR2E034 (9/01)