## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 377650** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** TERRI SUE, INC. 03-01-2000 90076 015 \*\*\*150.00 Principal Place of Business Mailing Address 1715 SW 97 TERR 1715 SW 97 TERR MIRAMAR FL 33025 MIRAMAR FL 33025-1929 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # .etc. Applied For City & State City & State 4. FEI Number 59-1447928 Not Applicable \$8.75 Additional 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 BENFIELD, THOMAS Street Address (P.O. Box Number is Not Acceptable) 1715 SW 97 JR-MIRAMAR FL 33025 both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent SIGNATURE: \_\_FILE\_NOW!!!-FEE-IS-\$150.00-9. This corporation is eligible to satisfy its Intangible - 10.-Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete BENFIELD, THOMAS NAME NAME STREET ADDRESS 1715\_SW-97 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL VI Preside Ni CIASCA, THERESA BENFIELD TITLE NAME NAME STREET ADDRESS 1715 SW 97 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VITAMAR, FL. 3300 Delete TITLE NAME NAME STREET ADDRESS STRÉÉT AUDRES CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 110 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Date Date Daytime Phone #