## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 677075



**FILED** 

TERRON	MANAGEMENT: AND INVE	STMEN	T CORPORA	TION		TOWN.	03-03-2003 302/8	301 130.0	~	
Principal Place of Business 4118 ARAJO CT ORLANDO FL 32812		Mailing Address 4118 ARAJO CT ORLANDO FL 32812								
2. Principal F	Place of Business	3. Mailing Address					1			
Suite, Apt.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State				4.	FEI Number <b>59-2011473</b>		plied For t Applicable	
Zip	Country	Zip		Count	ry	5. (	Certificate of Status Desired.	\$8.75 Add Fee Require		
	6. Name and Address of Curren	t Registere	d Agent		Name	7. 1	Name and Address of New Registers	ed Agent		
WARREN,	Terri					(0.0.0				
4118 ARAJO CT.					Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32812										
					City		F	Zip Code	Э	
	e named entity submits this statement i tions of registered agent.	or the purp	ose of changing its	s registere	d office or regist	tered ag	ent, or both, in the State of Florida. I a	m familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if app	licable. (NOT	E: Registered	Agent signature requi	red when re	4:30- pinstating) DAT	<u>03                                    </u>	_ <del></del>	
Affei	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o		4/2				Election Campaign Financing     Trust Fund Contribution.		May Be to Fees	
-10.	OFFICERS AND DIRECTORS 11					AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT   WARREN, TERI   4118 ARAJO CT   ORLANDO FL 32812		Delete	•	T ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARREN, JR., DAVID E 4118 ARAJO CT ORLANDO FL 32812	ARREN, JR., DAVID E 118 ARAJO CT		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	The major of the second		Delete	NAME STREE	T ADDRESS				☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	☐ Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortify that the information supplied will		☐ Delete	CITY-S				Change	☐ Addition	

The lay certify that the information supplied with this hilling 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 suppliemental 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 resempt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking with an address, with all other like empowered.

SIGNATURE: