

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42598

1. Entity Name
TERCO, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90060 032 ***150.00

Principal Place of Business
4555 RADIO ROAD
NAPLES FL 34104

Mailing Address
4555 RADIO ROAD
NAPLES FL 34104

2. Principal Place of Business
6607 CHESTNUT CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
6607 CHESTNUT CIRCLE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number 59-2155606

Applied For
Not Applicable

Zip 34109 Country USA

Zip 34109 Country USA

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

HUBSCHAMN, HARRISON
4555 RADIO ROAD
NAPLES FL 34104

Name HARRISON HUBSCHMAN
Street Address (P.O. Box Number is Not Acceptable)
6607 CHESTNUT CIRCLE
City NAPLES FL Zip Code 34109

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 X HARRISON HUBSCHMAN, V.P. 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/01

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, 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 PD
NAME HUBSCHAMN, SAMUEL
STREET ADDRESS 102 TUPELO RD.
CITY-ST-ZIP NAPLES, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME BEYRENT, TERYL
STREET ADDRESS 5147 SEAHORSE AVE.
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD
NAME HUBSCHMAN, HARRISON
STREET ADDRESS 101 CARICA RD.
CITY-ST-ZIP NAPLES, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME HUBSCHMAN, CONNIE
STREET ADDRESS 50 DOLPHIN CIRCLE
CITY-ST-ZIP NAPLES, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME HUBSCHAMN, ALBERT
STREET ADDRESS 529 WEST PLACE
CITY-ST-ZIP NAPLES, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: HARRISON HUBSCHMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
Date

944-566-2780
Daytime Phone #

CR2E034 (10/00)