

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F42598**

1. Entity Name  
**TERCO, INC.**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90243 039 \*\*\*150.00

Principal Place of Business

~~6607 CHESTNUT CIRCLE~~  
**NAPLES FL 34109**

Mailing Address

~~6607 CHESTNUT CIRCLE~~  
**NAPLES FL 34104**

2. Principal Place of Business

**2223 TRADE CENTER WAY**  
Suite, Apt. #, etc.

3. Mailing Address

**2223 TRADE CENTER WAY**  
Suite, Apt. #, etc.

City & State

**NAPLES FL 34109**

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

**HUBSCHAMN, HARRISON**  
~~6607 CHESTNUT CIRCLE~~  
**NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**6855 OLD BANYAN WAY**

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

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

TITLE **PD** ☐ Delete  
NAME **HUBSCHAMAN, SAMUEL**  
STREET ADDRESS ~~102 TUPALO RD.~~  
CITY-ST-ZIP **NAPLES, FL 34109**

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

TITLE **VTD** ☐ Delete  
NAME **HUBSCHMAN, HARRISON**  
STREET ADDRESS ~~101 CARICA RD.~~  
CITY-ST-ZIP **NAPLES, FL 34109**

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

TITLE **VD** ☐ Delete  
NAME **HUBSCHAMN, ALBERT**  
STREET ADDRESS ~~629 WEST PACE~~  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2140 HAWKS RIDGE DRIVE #1703**  
CITY-ST-ZIP **NAPLES, FL 34105**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6855 OLD BANYAN WAY**  
CITY-ST-ZIP **NAPLES, FL 34109**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **525 SOLL STREET**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Change ☐ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HARRISON HUBSCHMAN**

Date

Daytime Phone #

**239-566-2780**

CR2E034 (9/01)