

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90123 039 ***150.00

DOCUMENT # F42598

1. Entity Name
TERCO, INC.



Principal Place of Business
**2223 TRADE CENTER WAY
NAPLES FL 34109**

Mailing Address
**2223 TRADE CENTER WAY
NAPLES FL 34109**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2155606**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUBSCHAMN, HARRISON
6855 OLD BANYAN WAY
NAPLES FL 34109**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUBSCHAMN, SAMUEL	
STREET ADDRESS	2140 HAWKS RIDGE DRIVE #1703	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEYRENT, TERYL	
STREET ADDRESS	5147 SEAHORSE AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUBSCHMAN, HARRISON	
STREET ADDRESS	6855 OLD BANYAN WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUBSCHMAN, CONNIE	
STREET ADDRESS	50 DOLPHIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUBSCHAMN, ALBERT	
STREET ADDRESS	525 SOLL STREET	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

3/26/03
Date

239-566-2780
Daytime Phone #

0538156
AV

CR2E034 (10/02)