

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006880

1. Entity Name

TERRAPIN STABLES, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90015 050 ***550.00

Principal Place of Business

1974 SPROUL RD., STE. 400
BROOMALL PA 19008

Mailing Address

1974 SPROUL RD., STE. 400
BROOMALL PA 19008

2. Principal Place of Business

1100 MAJIE LANE

3. Mailing Address

1100 MAJIE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Chester, PA

City & State

West Chester, PA

Zip

Country

19382

USA

Zip

Country

19382

USA

4. FEI Number

23-2917089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PREMIUM REALTY INC.
2450 NE MIAMI GARDENS DR.
N. MIAMI BEACH FL 33180

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME COHEN, PHILIP
STREET ADDRESS 1974 SPROUL RD., STE. 400
CITY-ST-ZIP BROOMALL PA 19008 ☐ Delete

TITLE VP
NAME COHEN, MARCIA
STREET ADDRESS 1974 SPROUL RD., STE. 400
CITY-ST-ZIP BROOMALL PA 19008 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)