

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G43100****1. Entity Name**
TERNES COMPANY, INC.**FILED**
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90625 007 ***158.75

Principal Place of Business**3113 FLORIDA BLVD.**
DELRAY BEACH FL 33483**Mailing Address****3113 FLORIDA BLVD.**
DELRAY BEACH FL 33483**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2386743**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****TERNES JEAN JACQUES**
3113 FLORIDA BOULEVARD
DELRAY BEACH FL 33483**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 \$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	PST	<input type="checkbox"/> Delete
NAME	TERNES, JEAN JACQUES	
STREET ADDRESS	3113 FLORIDA BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERNES, FRANCOIS	
STREET ADDRESS	3113 FLORIDA BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TERNES, BARBARA	
STREET ADDRESS	3113 FLORIDA BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
TERNES JEAN JACQUES

Date

Daytime Phone #

04/24/02

(561) 278-1272

CR2E034 (9/01)