

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90329 034 ***150.00

0540959 AV

DOCUMENT # H41915

1. Entity Name
TERRELL & ASSOCIATES, INC.

Principal Place of Business
701 ENTERPRISE RD
SUITE 502
SAFETY HARBOR FL 34695
US

Mailing Address
701 ENTERPRISE RD
SUITE 502
SAFETY HARBOR FL 34695
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 Enterprise Rd E
 Suite, Apt. #, etc.
502

3. Mailing Address

701 Enterprise Rd E
 Suite, Apt. #, etc.
502

City & State
Safety Harbor FL

City & State
Safety Harbor FL

Zip
34695

Country
USA

Zip
34695

Country
USA

4. FEI Number **59-2489509**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLAMPITT, TERRELL
701 ENTERPRISE RD E
SUITE 502
SAFETY HARBOR FL 34695

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 *Terrell L. Clampitt* x *Terrell Clampitt*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-02

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 **DP** ☐ Delete
 NAME **CLAMPITT, TERRELL**
 STREET ADDRESS **701 ENTERPRISE RD E, STE 502**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **D** ☐ Delete
 NAME **MEEHL, VICTORIA**
 STREET ADDRESS **701 ENTERPRISE RD E SUITE 502**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **S** ☐ Delete
 NAME **KECK, PETER**
 STREET ADDRESS **701 ENTERPRISE RD E SUITE 502**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **Secretary, Treasurer**
 STREET ADDRESS **VICTORIA MEEHL CLAMPITT**
 CITY-ST-ZIP **701 Enterprise Rd E, Suite 502**
Safety Harbor, FL 34695

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

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

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

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: *Victoria Meehl Clampitt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02
 Date

727-725-5109
 Daytime Phone #

CR2E034 (9/01)