

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97378

1. Entity Name

TERMCO, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90039 001 \*1,500.00

11004



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O D. E. SCHWARTZ  
702 N. FRANKLIN ST.  
TAMPA FL 33602-4418  
US

Mailing Address  
C/O D. E. SCHWARTZ  
PO BOX 111  
TAMPA FL 33601-0111  
US

2. Principal Place of Business  
c/o D. E. SCHWARTZ

3. Mailing Address

Suite, Apt. #, etc.  
702 N FRANKLIN ST

Suite, Apt. #, etc.

City & State  
TAMPA FL

City & State

Zip  
33602-4429

Country  
US

Zip

Country

4. FEI Number  
59-2866562

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MCDEVITT, S M  
702 NORTH FRANKLIN ST  
TAMPA FL 33602

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, 2000 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	DOMINGUEZ, M. N.	702 N. FRANKLIN STREET	TAMPA FL 33602	<input type="checkbox"/>
S	SCHWARTZ, D. E.	702 N. FRANKLIN STREET	TAMPA FL 33602	<input type="checkbox"/>
VD	PORTER, T L	702 N FRANKLIN ST	TAMPA FL 33602	<input type="checkbox"/>
TD	GILLETTE, G. L.	702 N. FRANKLIN STREET	TAMPA FL 33602-4418	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 (9/99)