

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90963 002 ***150.00

DOCUMENT # L12712

1. Entity Name

TERRY LABORATORIES, INC.



00000000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
390 North Wickham Road

3. Mailing Address
7501 E. McCormick Parkway

Suite, Apt. #, etc.
Suite F

Suite, Apt. #, etc.
Suite 100LL

DO NOT WRITE IN THIS SPACE

City & State
Melbourne, Florida

City & State
Scottsdale, Arizona

4. FEI Number
65-0140334

Applied For
Not Applicable

Zip
32935

Country
USA

Zip
85258

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Jim Gambino**

Street Address (P.O. Box Number is Not Acceptable)
390 North Wickham Road

Suite F

City
Melbourne

FL

Zip Code
32935

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Rex Maughan
7501 E. McCormick Parkway
Scottsdale, AZ 85258**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary/Treasurer
Rjay Lloyd
7501 E. McCormick Parkway
Scottsdale, AZ 85258**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rjay Lloyd* **Rjay Lloyd**

01/21/03 (488) 998-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)