

TERRITO & ASSOCIATES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90105 004 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 8396 ADRIAN DR
 BROOKSVILLE FL 34613
 US

Mailing Address
 8396 ADRIAN DR
 BROOKSVILLE FL 34613-4339
 US

2. Principal Place of Business
 16010 SAM C Road
 Suite, Apt. #, etc.
 Brooksville FL

3. Mailing Address
 16010 SAM C Road
 Suite, Apt. #, etc.
 Brooksville FL

City & State
 City & State

4. FEI Number 59-2879262 Applied For
 Not Applicable

Zip 34613 Country Hernando
 Zip 34613 Country Hernando

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

6. Name and Address of Current Registered Agent
 TERRITO, LINDA
 8396 ADRIAN DR
 BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 16010 SAM C Road
 City Brooksville FL Zip Code 34613

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 Linda Territo 4/25/00
 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	D	<input type="checkbox"/> Delete	TITLE	16010 SAM C Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRITO, FRANK P.		NAME		
STREET ADDRESS	8396 ADRIAN DR		STREET ADDRESS	BROOKSVILLE FL	
CITY-ST-ZIP	BROOKSVILLE FL 34613		CITY-ST-ZIP	34613	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Frank P Territo FRANK P TERRITO 4/25/00 352 796 0624
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/98)