

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002296

1. Entity Name

TEENAGE HUMAN SEXUALITY, INCORPORATED

Principal Place of Business

3227 NE 34 STREET
OCALA FL 34479

Mailing Address

3227 NE 34 STREET
OCALA FL 34479

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3720933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORCH, NANCY D
3227 NE 34 STREET
OCALA FL 34479

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS STORCH, NANCY D
CITY-ST-ZIP 3227 NE 34 STREET
OCALA FL 34479

TITLE ☐ Delete
NAME TREASURER
STREET ADDRESS GRAY JAWN REED
CITY-ST-ZIP 2640 SW 36th Lane
D
OCALA, FL 34474

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SECRETARY
STREET ADDRESS HELEN PERIK
CITY-ST-ZIP 1950 NW 47th Terrace
D
OCALA, FL 34482

TITLE ☐ Delete
NAME VICE PRESIDENT
STREET ADDRESS NICK GEORGE
CITY-ST-ZIP 4421 NE 11th ST.
D
OCALA, FL 34470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Nancy D. Storch

1/16/02

Nancy D. Storch 3/3/02

(352) 622-4432

352-622-4432

2/

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90172 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)