

DOCUMENT # N45474

1. Entity Name

TERRIER ACTIVITY GROUP, INC.

Principal Place of Business

Mailing Address

2300 MIDWAY BLVD.
PORT CHARLOTTE FL 339522300 MIDWAY BLVD.
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0297946

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MICHALAKIS, TINA
C/O PORT CHARLOTTE JR. HIGH
2300 MIDWAY BLVD.
PORT CHARLOTTE FL 33952

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete
NAME MIHALAKIS, TINA
STREET ADDRESS 22405 ELMIRA BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33952TITLE T ☒ Change ☐ Addition
NAME Mihalakis, Tina
STREET ADDRESS 23364 Rountree Ave
CITY-ST-ZIP Port Charlotte, FL 33980TITLE D ☐ Delete
NAME LUCAS, EVELYN
STREET ADDRESS 3198 EASY ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME CORSALETTI, EVELYN
STREET ADDRESS 23000 MIDWAY BLVD
CITY-ST-ZIP PT CHARLOTTE FL 33952TITLE D ☒ Change ☐ Addition
NAME Corsaletti, Cathy
STREET ADDRESS 23000 Midway Blvd
CITY-ST-ZIP PT Charlotte, FL 33952TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(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 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

Date

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

02-15-2000 90046 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)