

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000004124**1. Entity Name
MCDANIEL TERRY COMPANYPrincipal Place of Business
148 MARTESIA WAY
INDIAN HARBOR FL 32937Mailing Address
148 MARTESIA WAY
INDIAN HARBOR FL 329372. Principal Place of Business
106 SOUTH OSCEOLA DR3. Mailing Address
106 SOUTH DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
INDIAN HARBOR FLCity & State
INDIAN HARBOR FL4. FEI Number
59-3624322
Applied For
Not ApplicableZip
32937Country
329375. 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**KOSTRO VICTOR S
1825 RIVERVIEW DR.
MELBOURNE FL 32901
USName
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 **MICHELLE LYNN STARR****08/28/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME TERRY JOHN M
STREET ADDRESS 148 MARTESIA WAY
CITY-ST-ZIP INDIAN HARBOR FL 32937TITLE D ☒ Change ☐ Addition
NAME TERRY JOHN M
STREET ADDRESS 106 SOUTH OSCEOLA DR
CITY-ST-ZIP INDIAN HARBOR FL 32937TITLE D ☐ Delete
NAME STARR DANIEL W
STREET ADDRESS 148 MARTESIA WAY
CITY-ST-ZIP INDIAN HARBOR FL 32937TITLE D ☒ Change ☐ Addition
NAME STARR DANIEL W
STREET ADDRESS 7 INDRIIO BLVD
CITY-ST-ZIP INDIAN HARBOR FL 32937TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Daniel W. Starr

P

08/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)