FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State

DOCUMENT # P00000004124						05-06-2002 90172 049 ***150.00		
	MICDANIEL TERRY	COMPANY						
	OO NOT WRITE	E IN THIS	SPAC	E				
Principal Place of Business 3. Mailing Address					-			
106 s.	Osceola Drive	106 S. Osceola Drive						
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State Indian Harbour Beach, FL				FEI Number	Applied For	
	rbour Beach, FL 32				<u> </u>	9-3624322	Not Applicable	
Zip 32937	Country U.S.A.	Zip 3292 7		Country U.S.A.		5. Certificate of Status Desired S8.75 Additional Fee Required		
					7. Name and Address of Current Registered Agent			
				Name	c	Voctro Fca		
DO NOT WRITE				Victor S. Kostro, Esq. Street Address (P.O. Box Number is Not Acceptable) 1825 Riverview Drive				
		-					<u> </u>	
				City Me 1	.bou	rne FL	Zip Code 32901	
8. The above	named entity submits this statement	for the purpose of cha	nging its register	<u> </u>			*	
SIĞNATURE _								
•	Signature, typed or printed name of registered age			d Agent signature require	ed when re	sinstating) DATE		
**9> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended Make Check Payable				s \$550.00 s \$61.25	ate	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AN	D DIRECTORS						
TITLE	P/ D		: भारत					
NAME	Daniel W. Starr			· .				
STREET ADDRESS	7 Indrio Boulevard		•	ET ADDRESS				
CITY-ST-ZIP	Indian Harbour Beach, FL32937			-ST-ZIP				
TITLE	V, D			Ē				
NAME	John M. Terry			E				
STREET ADDRESS 106 S. Osceola Drive			STRE	ET ADDRESS				
CITY-ST-ZIP	Indian Harbour	Beach, FL3	32937 CITY	-ST-ZiP				
TITLE	Sid wilts A: Sta	xm ···	TETLE		,	n e e e e e e e e e e e e e e e e e e e		
NAME	Michelle L. Sta	rr	NAM	E				
STREET ADDRESS 7 Indrio Boulevard			STRE	FT ADDRESS			_	

DO NOT WRITE CITY-ST-ZIP FL32937 Indian Harbour Beach, TITLE IN THIS SPACE TITLE Heather L. Terry NAME NAME 106 S. Osceola Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Indian Harbour Beach, FL32937 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

24 Apr 02 321-779-883