

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *PC00000 98322*

1. Entity Name *TERREL CORPORATION* ✓

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90062 026 \*\*\*150.00

**C0049175**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
*3222 CORAL RIDGE DR*  
*CORAL SPRINGS, FL 33065*

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 *APPLIED FOR* Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
*GLASSMAN, LEE D ESQ*  
*1133 SOUTH UNIVERSITY DR. #211*  
*PLANTATION, FL 33324*

7. Name and Address of New Registered Agent  
Name *SHECKLEFORD VICTOR*  
Street Address (P.O. Box Number is Not Acceptable) *3222 CORAL RIDGE DR.*  
City *CORAL SPRINGS,* FL Zip Code *33065*

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 *SHECKLEFORD VICTOR* *[Signature]* *4/11/2001*  
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 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	<i>PVST</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>SHECKLEFORD, VICTOR</i>			NAME			
STREET ADDRESS	<i>3222 CORAL RIDGE DR.</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>CORAL SPRINGS, FL 33065</i>			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			
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			
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			

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: *SHECKLEFORD VICTOR* *[Signature]* *4/11/2001* *(305) 336-6160*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (1/1/00)