

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098351

1. Entity Name
TERRI'S SENIOR HELPER, INC

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90003 013 ***550.00

Principal Place of Business

C/O TERRI L WINTERS
135 9TH AVE
VERO BCH FL 32962

Mailing Address

C/O TERRI L WINTERS
135 9TH AVE
VERO BCH FL 32962



DO NOT WRITE IN THIS SPACE

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

65-1046619

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDGE, JOSEPH
C/O THE TAX SHOPP 932 SW BAYSHORE BLVD
PORT ST LUCIE FL 34938

7. Name and Address of New Registered Agent

Name Terri Winters

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

135 9th Ave

City Vero Beach

FL

Zip Code 32962

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]*

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE President
NAME Terri Winters
STREET ADDRESS 135 9th Ave
CITY-ST-ZIP Vero Beach FL 32962

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.C. President
NAME Terri Winters
STREET ADDRESS 135 9th Ave
CITY-ST-ZIP Vero Beach, FL 32962

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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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E034 (5/01)