2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000117230

1. Entity Name TERRI HEALEY, PA

TITLE

TITLE

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90073 047 ***158.75

Principal Place of Business 301 PALM AVE NOKOMIS FL 34275			301 f	Mailing Address 301 PALM AVE NOKOMIS FL 34275							,
2. Principal Place of Business			3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	4. FEI Number 65-1075721 Applied For Not Applied by]. '
Zip Country			Zip		Cour	Country		. Certificate of Status Desired \$8.75 Additional Fee Required		dditional	
	- 6 Name	and Address of Curr	ent Register	ed Agent		1	7	Name and Address of New Registe			-
	. О. Принс	and Address of Cont	ont ricgister	od Agente		Name		Trainio una padress di tron: legiate	ou Agent.		1
HEALEY	TERRI							•]
HEALEY, TERRI 301 PALM AVE							Street Address (P.O. Box Number is Not Acceptable)				
						·					-
NOKOMIS	FL 34275]					1
						City			FL Zip Co	de	1.
8. The above	named entit	v submits this statemer	nt for the pure	oose of changing its	reaister	ed office or r	egistered a	gent, or both, in the State of Florida. 1	am familiar with	and accept	1
the obligat	tions of regist	ered agent.			J		. 5	, , , , , , , , , , , , , , , , , , , ,			1
SIG TURE	Cinnahus to a	or printed name of registered a		-Karakia (NOT	T. De Jane	d Agent signatur		in-station)	ATE.		
	Signature, typed	or printed flame or registered a	gent and the napp	Silicabie. (NO)	E. Registere	u Agent signatur	a required writen	remarking)			↓ .
		!! FEE IS \$150.00 03 Fee will be \$550.	00					9. Election Campaign Financing		00 May Be	
		Florida Departmen						Trust Fund Contribution.	☐ Adde	ed to Fees	
10. OFFICERS AN			ID DIRECTORS 11				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			RS IN 11	┤ .
TITLE 4	D			☐ Delete	TITL	:			☐ Change	Addition	গ্লি
NAME	HEALEY,	Terri .		Delete	NAM	I			Ondingo	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18
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12. Thereby 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 10 or Block 11 if changed, or on an attachment with an

SIGNATURE

Daytime Phone #

Change

Addition