2002 UNIFORM BUSINESS REPORT (UBR)

Jun 02, 2002 8:00 am Secretary of State P01000078670 DOCUMENT # 04-29-2002 90170 036 ***150.00 1. Entity Name TERRILLEE ENTERPRISES, INC. Mailing Address Principal Place of Business 138 SPARTINA AVE. 138 SPARTINA AVE. ST. AUGUSTINE FL 32080 ST. AUGUSTINE FL 32080 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, SUSAN J Street Address (P.O. Box Number is Not Acceptable) 138 SPARTINA AVE. ST. AUGUSTINE FL 32080 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition CR2E034 (9/01 TITLE ☐ Defete TITLE Beverly Terrill terril. Beverly NAME NAME 206 3RD ST. STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-28 Delete Change ☐ Addition TITLE 7/TLF NAME LEE, SUSAN NAME STREET ADDRESS 138 SPARTINA AVE. STREET ADDRESS ST. AUGUSTINE FL 32080 CDY-ST-ZIP CJTY-ŠŤ-ZJA ☐ Change ☐ Addition TITLE □ Delete TITLE NAME: - - -NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Deleta TITLE ☐ Change MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

I hereby certify that the information supplied with this filling 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 attach

STREET ADORESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

FILED