2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State P01000096609 DOCUMENT # 1. Entity Name 05-20-2002 90047 028 ***150 00 TERRIER SERVICES, INC. Mailing Address Principal Place of Business 7448 TOM DR. 7448 TOM DR. LAND O'LAKES FL 34639 LAND O'LAKES FL 34639 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State <u>59-3</u>74493 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 🗫 -6. Name and Address of Current Registered Agent Name BROAD, CLAYTON B Street Address (P.O. Box Number is Not Acceptable) 7448 TOM DR. LAND O'LAKES FL 34639 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE □ Delete TITLE NAME BROAD, CLAYTON B NAME STREET ADDRESS 7448 TOM DR. STREET ADDRESS CITY-ST-ZIP LAND O'LAKES FL 34639 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE VST NAME NAME BROAD, JANICE E STREET ADDRESS STREET ADDRESS 7448 TOM DR. CITY-ST-ZIP CITY-ST-7IP LAND O'LAKES FL 34639 - ☐ Change → ☐ Addition Delete - 🚉 TITLE . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: Plate Phone #