

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90285 024 ***550.00

0579298 AV

DOCUMENT # P01000096609

1. Entity Name
TERRIER SERVICES, INC.



Principal Place of Business: **7448 TOM DR. LAND O'LAKES FL 34639**
Mailing Address: **7448 TOM DR. LAND O'LAKES FL 34639**



2. Principal Place of Business: **7448 Tom Dr.**
3. Mailing Address: **7448 Tom Dr.**

CHECK HERE IF MAKING CHANGES

City & State: **LAND O'LAKES FL**
City & State: **LAND O'LAKES FL**
Zip: **34639** Country: **USA**
Zip: **34639** Country: **USA**

4. FEI Number: **59-3744931**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROAD, CLAYTON B
7448 TOM DR.
LAND O'LAKES FL 34639

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	BROAD, CLAYTON B
STREET ADDRESS	7448 TOM DR.
CITY-ST-ZIP	LAND O'LAKES FL 34639
TITLE	VST <input type="checkbox"/> Delete
NAME	BROAD, JANICE E
STREET ADDRESS	7448 TOM DR.
CITY-ST-ZIP	LAND O'LAKES FL 34639
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **REQUIRED**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2003 813 996-6279

Date: _____ Daytime Phone # _____

CR2E034 (10/02)