# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 29, 2003**
**Secretary of State**

DOCUMENT# P01000098296

**Entity Name:** TERRIJOHN, INC.

**Current Principal Place of Business:**

312 RUNAWAY CIRCLE
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

9563 SUGAR HOLLOW LN
JACKSONVILLE, FL 32256

**Current Mailing Address:**

312 RUNAWAY CIRCLE
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

9563 SUGAR HOLLOW LN
JACKSONVILLE, FL 32256

**FEI Number: 59-3748184** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INTERNOSCIA, DAVID
3149 PONCE DE LEON BLVD UNIT #7
ST AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete
Name: SHAFFER, JOHN
Address: 312 RUNAWAY CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVS ( ) Delete
Name: SHAFFER, TERRI
Address: 312 RUNAWAY CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition
Name: SHAFFER, JOHN
Address: 9563 SUGAR HOLLOW LN
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DVS (X) Change ( ) Addition
Name: SHAFFER, TERRI
Address: 9563 SUGAR HOLLOW LN
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. SHAFFER DPT 04/29/2003

Electronic Signature of Signing Officer or Director — Date