## 2002 UNIFORM BUSINESS REPORT

200	2 UNIFORM BUS	INESS REPO	 ORT (UBI	R)	FILED Apr 03, 2002 8:00 am	
DOCU	0024098			Secretary of State 02-24-2002 90088 022 ***150.00		
TORREY	'S CREST, INC.	$\smile$				
Principal Plac	ce of Business	Mailing Address				
365, OLD DID BOWLING G US	KIE HWY REEN FL 33834	365 MOLD DIXIE HWY BOWLING GREEN FL 33 US	834	;		
2. Principal F	Place of Business	3. Mailing Address	ارزان کاری	· · ·	A LEATHERN RIE RIEBE EIELL BERLI BERLI BERLI BELLI BELLI BILLE JOHN BIRK BURK TALLE TOLL JOHN	
Suite, Apt	. #, etc.	3650LD DIXIE HWY Suite, Apt. #, etc.		7	DO NOT WRITE IN THIS SPACE	
City & Sta	le	City & State	·		4. FEI Number Applied For Not Applied For Not Applied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current F	Registered Agent	<del></del>		7. Name and Address of New Registered Agent	
SHEPARD, DELILIA M 365 OLD DIXIE HWY BOWLING GREEN FL 33834			d.	Street Address (P.O. Box Number is Not Acceptable)  City C		
8. The above	e named entity submits this statement for	the purpose of changing its	registered office of	<i>JWI∫r</i> registered	ng (orcen 33834)	
SIGNATURE:		epard Jr.	E: Registered Agent signatu	Dhe	pcel gl. 2/14/02	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See crijeria on back)		After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	VM SHEPARD, THOMAS L JR. 2342 CR 664 BOWLING GREEN FL	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	234	D. Pchange Addition of Personal Line CR664 Wing Green, F133834 Addition of Personal Line CR664 Wing Green, F133834	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SHEPARD, DELILIA 365 OLD DIXIE HWY BOWLING GREEN FL 33834	Oelete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST De 3/	elilla Shepard 4501d Dixie Hwy Sowling Green, F1 33834	
TITLE NAME STREET ADDRESS	BOWLING WILLIAM I GOOD	Delete .	TITLE NAME STREET ADDRESS		Change Addition	
CITY-SI-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	A distribution of the second	☐ Delete	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is to poration or the receiver or trustee empor or on an attachment with an address SIGNATURE:	rue and accurate and that need to execute this report	ry signature shall ha as required by Char	ive the sam oter 607, Fk	ion 119.07(3)(I). Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if	