

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/7/2000 00041 001 000000000000

DOCUMENT # P93000077968

1. Entity Name

TERRY WOTRING INC.

Principal Place of Business

Mailing Address

460 DON BISHOP RD.  
SANTA ROSA BEACH FL 32459  
US

P O BOX 1525  
SANTA ROSA BCH FL 32459-1525  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3207789

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

WOTRING, TERRY L  
460 DON BISHOP ROAD  
LOT 1  
SANTA ROSA BEACH FL 32459

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	Delete
NAME	MATTHEW SPECHT	
STREET ADDRESS	460 DON BISHOP ROAD	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	T	Delete
NAME	NELSON, MICHAEL	
STREET ADDRESS	835 GERMAN CLUB RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	S	Delete
NAME	Noble S. Amazon	
STREET ADDRESS	1759 Red Hill Rd	
CITY-ST-ZIP	Ponce De Leon, FL 32455	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S	Change	Addition
NAME	Noble S. Amazon		
STREET ADDRESS	1759 Red Hill Rd		
CITY-ST-ZIP	Ponce De Leon FL 32455		
TITLE		Change	Addition
NAME	TERRY WOTRING		
STREET ADDRESS	460 Don Bishop		
CITY-ST-ZIP	Santa Rosa Bch. FL 32459		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90041 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE