

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-19-2002 90017 024 ***150.00

DOCUMENT # P93000077968

1. Entity Name

TERRY WOTRING INC.

Principal Place of Business

Mailing Address

460 DON BISHOP RD.

P.O. BOX 1525

SANTA ROSA BEACH FL 32459

SANTA ROSA BCH FL 32459

US

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WOTRING, TERRY L

460 DON BISHOP ROAD

LOT 1

SANTA ROSA BEACH FL 32459

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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	BUMGARDEN, TOMMY	
STREET ADDRESS	9 ENDA LN	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	Terry Wotring	<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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Terry Wotring	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	460 Don Bishop Rd	
STREET ADDRESS	Santa Rosa Bch	
CITY-ST-ZIP	FL 32459	
TITLE	Christopher Bumgarden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8253 Molina St	
STREET ADDRESS	TAVARRE, FL 32566	
CITY-ST-ZIP		
TITLE	Bradley Coone	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	82 Linton Rd	
STREET ADDRESS	Ponce De Leon, FL 32455	
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
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:

Terry Wotring
TERRY WOTRING
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-02 850-267-3221

Daytime Phone #

CR2E034 (9/01)