

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91778 018 \*\*\*150.00

0376046 AV

**DOCUMENT # P94000029328**

1. Entity Name  
**TERRI BECKER, INC.**



Principal Place of Business  
**720 SOUTH SAPODILLA AVENUE  
304  
WEST PALM BEACH FL 33401**

Mailing Address  
**720 SOUTH SAPODILLA AVENUE  
304  
WEST PALM BEACH FL 33401**

**11041163**



2. Principal Place of Business  
**651 Okeechobee Boulevard**

3. Mailing Address  
**651 Okeechobee Boulevard**

Suite, Apt. #, etc.  
**Suite 901**

Suite, Apt. #, etc.  
**Suite 901**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. FEI Number  
**65-0489432**

Applied For  
☐ Not Applicable

Zip  
**33401**

Country  
**U.S.A.**

Zip  
**33401**

Country  
**U.S.A.**

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

**HORWITZ, WAYNE CPA  
3511 W. COMMERCIAL BLVD  
SUITE 402  
FORT LAUDERDALE FL 33309**

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

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

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSDT  
BECKER, TERRI  
720 SOUTH SAPODILLA AVE #304  
WEST PALM BEACH FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/S/T/D  
Becker, Terri  
651 Okeechobee Boulevard #901  
West Palm Beach, FL 33401** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Terri Becker**

SIGNATURE REQUIRED

**4/30/03**

**561-833-8141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)