## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # **P94000039028** TERRYCOMM OF MELBOURNE, INC. 05-14-2001 90234 005 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 361725 4155 DOW ROAD MELBOURNE FL 32936 UNIT K MELBOURNE FL 32934 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3245133 Not Applicable Zip = ----Country -Zip ----Country ---\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLATT, JACK L Street Address (P.O. Box Number is Not Acceptable) 525 STRAWBRIDGE AVENUE **MELBOURNE FL 32901** City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete NAME SMITH, TERRY R STREET ADDRESS STREET ADDRESS **1881 JEFFERSON AVENUE** CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME SMITH, DONALD M. STREET ADDRESS STREET ADDRESS 989 HOOVER STREET CITY-ST-7IP .CITY-ST-ZIP. MELBOURNE FL 32935 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SMITH, MARIE N. STREET ADDRESS STREET ADDRESS 1881 JEFFERSON AVENUE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SMITH, DANIEL A. STREET ADDRESS STREET ADDRESS **1881 JEFFERSON AVENUE** CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL 32935 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR