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CR2E034 (4/03)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT JUBR

Sep 05, 2003 8:00 am Secretary of State P94000060107 **DOCUMENT #** 09-05-2003 90112 011 ***150.00 1. Entity Name TERRYFIC AD SPECIALTIES, INC. Principal Place of Business Mailing Address 3223 RIVIERA DR 3223 RIVIERA DR CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0512493 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERRY, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 3223 RIVIERA DR. CORAL GABLES FL 33146 City 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 registered agen the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. *OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition TERRY, KATHLEEN NAME NAME 3223 RIVIERA DR STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 regeiver 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

SIGNATURE:

attachment

TERRY AD SPECIALTIES

ASI/343001

3223 Riviera Dr. Coral Gables, FL 33134 P: 305-448-4477 F: 305-448-1277

Email: Kathy@TerryficAd.com www.TerryficAd.com

August 29, 2003

Division of Corporations **Uniform Business Report Filings** P.O. Box 1500 Tallahassee, FL 32302-1500

Good Morning;

I am enclosing a check for \$150.00 for my incorporation papers. During the past several months I have had a number of incoming posts go astray and clearly my renewal papers for incorporation of my company have been amongst them.

If you will note my payment records since incorporation in 1996, I have never failed to pay later than mid-April and that was only one year, as I usually pay in March.

I am hopeful that your department will take into account my prompt payment record from previous years and realize the error committed here was due to lack of prior notice. As a result of this I have now put a note in my calendar to check upon receipt of said documents from your office and call if they are NOT in my possession by 3/15/04!!!

Please consider these factors as I request the \$400.00 waiver of the penalty.

Sincerely,

Kathleen Terry

Terryfic Ad Specialties