

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90004 003 ***150.00

DOCUMENT # P96000103591

1. Entity Name

TERRIFIC PRODUCTS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O F. STEVEN LAFORGIA
 380 FOOTHILL ROAD
 BRIDGEWATER NJ 08807

C/O F. STEVEN LAFORGIA
 380 FOOTHILL ROAD
 BRIDGEWATER NJ 08807-2255

00046740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2033 Main St.

2033 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

Suite 104

City & State

City & State

Sarasota, FL

Sarasota, FL

Zip

Country

Zip

Country

34237

USA

34237

USA

4. FEI Number

59-3417399

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Mary Kelly

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

2033 Main St., Suite 104

City

Sarasota

FL

Zip Code

34237

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

Mary A. Kelly

2.24.00

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAFORGIA, F. STEVEN	
STREET ADDRESS	380 FOOTHILL ROAD	
CITY-ST-ZIP	BRIDGEWATER NJ 08807	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jarallah,	
STREET ADDRESS	2033 Main St., Suite 104	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	Kelly, Mary	
STREET ADDRESS	2033 Main St., Suite 104	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

Mary A. Kelly **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.24.00

Date

(941) 366-0002

Daytime Phone #

CR2E034 (9/99)