

08-03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 14 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000038102

1. Entity Name

TERRY'S MARINE SERVICE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1985 PENNSYLVANIA AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

800014413208
03/20/03--01056--023 **600.00

DO NOT WRITE IN THIS SPACE

City & State
ENGLEWOOD, FL

City & State

4. FEI Number

65-0777869

Applied For

Not Applicable

Zip
34224Country
USA

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DAVIDS, H. VERNON

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

165 WEST GREEN STREET

City ENGLEWOOD

FL

Zip Code
34223

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD -- BLAHA, TERRY DON 1985 PENNSYLVANIA AVE ENGLEWOOD, FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD -- SHELTON, RICHARD E 325 OLD ENGLEWOOD RD ENGLEWOOD, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D -- BLAHA, RUTH 1985 PENNSYLVANIA AVE. ENGLEWOOD, FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D -- SHELTON, MINA 325 OLD ENGLEWOOD RD. ENGLEWOOD, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Terry Don Blaha TERRY DON BLAHA

10 MAR 03

941-697-3459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2/3/18