2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045127 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name TERRA COTTA CREATIONS, INC. 04-12-2000 90155 048 ***150.00 Principal Place of Business Mailing Address 800 AMY ST 800 AMY ST BOX 5 BOX 5 MT DORA FL 32757-6223 MT DORA FL 32757 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3447908 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAUGHN, KELLY Y Street Address (P.O. Box Number is Not Acceptable) 31314 ARLINGTON AVE SORRENTO FL 32776 Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. · OFFICERS AND DIRECTORS 12 Change ☐ Addition Delete TITLE TITLE GAINEY, WANDA NAME NAME STREET ADDRESS STREET ADDRESS 157 W. CHARLOTTE CITY-ST-ZIP CITY-ST-ZIP SORRENTO FL 32776 □ Change ☐ Addition ☐ Delete TITLE VAUGHN, KELLY Y NAME 31314 ARLINGTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-SORRENTO-FL 32776 -CITY-ST-ZIP -Change Addition □ Delete TITLE VAUGHN, SCOTT L NAME NAME STREET ADDRESS 31314 ARLINGTON AVE STREET ADDRESS CITY-ST-ZIP SORRENTO FL 32776 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE GAINEY, EARL NAME 54611 BARRY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SORRENTO FL 32776 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 office like empowered.