

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90064 010 ***150.00

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DOCUMENT # P97000045127

1. Entity Name

TERRA COTTA CREATIONS, INC.

Principal Place of Business

**800 AMY ST
 BOX 5
 MT DORA FL 32757
 US**

Mailing Address

**800 AMY ST
 BOX 5
 MT DORA FL 32757
 US**

2. Principal Place of Business

31645 Long Access Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 747

Suite, Apt. #, etc.

City & State

Sorrento FL

Zip

32776

Country

USA

City & State

Sorrento FL

Zip

32776

Country

USA

4. FEI Number

59-3447908

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAUGHN, KELLY Y

**31314 ARLINGTON AVE
 SORRENTO FL 32776**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	T	<input type="checkbox"/> Delete
NAME	GAINEY, WANDA	
STREET ADDRESS	157 W. CHARLOTTE	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	P	<input type="checkbox"/> Delete
NAME	VAUGHN, KELLY Y	
STREET ADDRESS	31314 ARLINGTON AVE	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VAUGHN, SCOTT L	
STREET ADDRESS	31314 ARLINGTON AVE	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAINEY, EARL	
STREET ADDRESS	54611 BARRY LANE	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/01)