

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90064 044 ***150.00

DOCUMENT # P97000079188

1. Entity Name

JOHN TERRY ENTERPRISES, INC

Principal Place of Business	Mailing Address
148 CORDOBA CIRCLE ROYAL PALM BEACH FL 33411	4918 SAND STONE LANE WEST PALM BEACH, FL 33417

2. Principal Place of Business	3. Mailing Address
148 CORDOBA CIRCLE	4918 SAND STONE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	APT #207
City & State	City & State
ROYAL PALM BEACH, FL	WEST PALM BEACH, FL
Zip	Zip
33411	33417
Country	Country
USA	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0778581	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Name and Address of Current Registered Agent	
JOHN TERRY 148 CORDOBA CIRCLE ROYAL PALM BEACH, FL 33411	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
4918 SAND STONE LANE, APT#207	
City	Zip Code
WEST PALM BEACH	FL 33417

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 ADDRESS CHANGE ONLY
 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. (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/P/T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN TERRY	NAME	
STREET ADDRESS	148 CORDOBA CIRCLE	STREET ADDRESS	4918 SAND STONE LN APT#207
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411	CITY - ST - ZIP	WEST PALM BEACH, FL 33417
TITLE	D/V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN TERRY, SR	NAME	
STREET ADDRESS	7955 LOOMIS STREET	STREET ADDRESS	
CITY - ST - ZIP	LANTANA, FL 3342	CITY - ST - ZIP	
TITLE	D/S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNA TERRY	NAME	
STREET ADDRESS	7955 LOOMIS STREET	STREET ADDRESS	
CITY - ST - ZIP	LANTANA, FL 33462	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *John Terry Pres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #