

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036483

1. Entity Name

TERRIEN CONSULTING RESOURCES, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90013 050 ***150.00

Principal Place of Business

1071 GALGANO AVENUE
DELTONA FL 32725

Mailing Address

1071 GALGANO AVENUE
DELTONA FL 32725

2. Principal Place of Business

1071 Galgano Avenue

Suite, Apt. #, etc.

3. Mailing Address

3832-010 Baymeadows Rd.

Suite, Apt. #, etc.

321

City & State

Deltona, FL

City & State

Jacksonville, FL

Zip

32725

Country

Volusia

Zip

32217

Country

Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3505091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERRIEN, MARK S
1071 GALGANO AVENUE
DELTONA FL 32725

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.

(NOT)

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!
After MAY 1, 2001
Fee IS \$150.00
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	CDPS	<input type="checkbox"/> Delete
NAME	TERRIEN, MARK S	
STREET ADDRESS	1071 GALGANO AVENUE	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE	VMT	<input type="checkbox"/> Delete
NAME	TERRIEN, AUDERY J	
STREET ADDRESS	1071 GALGANO AVE	
CITY - ST - ZIP	DELTONA FL 32725-9228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRIEN, MARK S.	
STREET ADDRESS	1071 GALGANO AVE.	
CITY - ST - ZIP	DELTONA, FL. 32725-9228	
TITLE	C/D/M/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRIEN, AUDERY J.	
STREET ADDRESS	1071 GALGANO AVE.	
CITY - ST - ZIP	DELTONA, FL. 32725-9228	
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		
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		

13. I hereby certify that the information supplied with this filing does not qualify for
indicated in this report or supplemental report is true and accurate and that I
of the corporation or the receiver or trustee empowered to execute this report
changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
signature shall have the same legal effect as if made under oath; that I am an officer or director
is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

OR DIRECTOR

June 1, 2001 (407) 221-7791

Date

Daytime Phone #

CR2E034 (10/00)