

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056344

1. Entity Name

TERRY'S PAINT & BODY SHOP, INC

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90385 003 ***150.00

Principal Place of Business

8129 PENSACOLA BLVD
PENSACOLA FL 32534

Mailing Address

8129 PENSACOLA BLVD
PENSACOLA FL 32534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number 59-3519460

Applied For

Not Applied For

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEDGES, TERRY
 8129 PENSACOLA BLVD
 PENSACOLA FL 32534

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 date (Applicable)

(NOTE: Registered Agent signature required when changing)

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, 2001 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	P	☐ Delete
NAME	HEDGES, TERRY	
STREET ADDRESS	8129 PENSACOLA BLVD	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	S	☐ Delete
NAME	HEDGES, EULAIN	
STREET ADDRESS	8129 PENSACOLA BLVD	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: Terry Hedges Terry Hedges
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 850/478-3317
 Date Daytime Phone

CR2E034 (10/00)