

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079852

1. Entity Name

TERI M. FISHERIES, INC.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91242 034 \*\*\*150.00

Principal Place of Business

1473 COVE LANDING DR  
ATLANTIC BEACH FL 32233

Mailing Address

1473 COVE LANDING DR  
ATLANTIC BEACH FL 32233

551567



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

747 Renault Dr.

Suite, Apt. #, etc.

Atlantic Beach, FL

City & State

3. Mailing Address

747 Renault Dr.

Suite, Apt. #, etc.

Atlantic Beach, FL

City & State

4. FEI Number 59-3531226

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

AUKENS, MELISSA  
1473 COVE LANDING DR  
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name Steve Aukens

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

747 Renault Dr.

Atlantic Beach

City

FL

Zip Code

32233

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 Steve Aukens

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

(NOTE: Registered Agent signature required when reinstating)

5-4-01

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 D ☐ Delete  
NAME AUKENS, STEVEN  
STREET ADDRESS 1473 COVE LANDING DR  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE D ☐ Delete  
NAME DAGLEY, SHERRE  
STREET ADDRESS 1473 COVE LANDING DR  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE D ☐ Delete  
NAME DAGLEY, RAYMOND  
STREET ADDRESS 1473 COVE LANDING DR  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE D ☒ Delete  
NAME AUKENS, MELISSA  
STREET ADDRESS 1473 COVE LANDING DR  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

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  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-01 (904) 759-6397

Date

Daytime Phone #

CP2E034 (10/00)