

2001 UNIFORM BUSINESS REPORT (UBR)

5/7

FILED

Jun 05, 2001 8:00 am
Secretary of State

05-07-2001 90062 003 ***150.00

DOCUMENT # P98000104598

1. Entity Name

TERRY, INC.

Principal Place of Business

Mailing Address

3255 Lakeview Blvd.
Delray Beach FL 33445

2. Principal Place of Business

3. Mailing Address

3255 Lakeview Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Bch FL

4. FEI Number

65-0929744

Applied For

Not Applicable

Zip

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Terry Federighe
3255 Lakeview Blvd.
Delray Beach FL 33445

Name

TERRY FEDERIGHE

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

3255 LAKEVIEW BLVD

DELRAY BCH

City

FL

Zip Code

33445

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

[Signature]

TERRY FEDERIGHE

MAY 29, 2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Terry J. Federighe
3255 Lakeview Blvd.
Delray Bch FL 33445

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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

4/20/01

Date

954-344-5707

Daytime Phone #

CR2E034 (11/00)