

FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90348 001 \*\*\*450.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000022879

1. Entity Name  
**SECRETERRI CORPORATION**



Principal Place of Business  
1107 E. SILVER SPRINGS BLVD.  
UNIT 5  
OCALA, FL 34471

Mailing Address  
1107 E. SILVER SPRINGS BLVD.  
UNIT 5  
OCALA, FL 34471

2. Principal Place of Business  
**535 NE SI AVE RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 830544**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Ocala FL**

City & State  
**Ocala FL**

4. FEI Number  
**59-3562096**

Applied For  
☐ Not Applicable

Zip  
**34470** Country  
**MARION**

Zip  
**34483** Country  
**MARION**

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

6. Name and Address of Current Registered Agent

**BROWN, TERRI L**  
1107 E S.S. BLVD #5  
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name  
**TERRI L. BROWN**  
Street Address (P.O. Box Number is Not Acceptable)

**535 NE SI AVE RD**  
City **Ocala** FL Zip Code **34470**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when resigning)

**4-30-03**  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☒ Delete  
NAME **BROWN, TERRI LYNN**  
STREET ADDRESS **1107 E. SILVER SPRINGS BLVD.**  
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **TERRI BROWN**  
STREET ADDRESS **535 NE SI AVE RD**  
CITY-ST-ZIP **Ocala FL 34470**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

12. 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 10 or Block 11 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

**4-30-02 352-207-3831**  
Date Daytime Phone #

CR2E034 (10/02)