## 1/24/00-90091-020-\$150.00-\$150.00 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000037853 FILED 1. Entity Name TERRY'S ENGINE REPAIR, INC. DO MAR 20 AM 8:48 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 3110 72 AVE EAST 3110 72 AVE EAST **ELLENTON FL 34222** ELLENTON FL 34222-4222 B0006431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number ,5-0923837 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOETHE-JEFFREY-S-Street Address (P.O. Box Number is Not Acceptable) 406-13 STREET-WEST **BRADENTON FL 34205** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. ~B~ ~ (See criteria on back) "Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DFFICERS AND DIRECTORS** 12. 11. BELRITAR ☐ Addition Change TITLE m e HANNAL ETERRY ☐ Delete NAME NAME 3110 72 dave STREET ADDRESS STREET ADDRESS FILENTON, Flaz 3422 CITY-ST-ZIP CITY-ST-ZIP ☐ Charge Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TILLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP --- 🖸 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), Fioride 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-

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