

2000 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 17, 2000 8:00 am
Secretary of State

04-20-2000 90107 013 ***150.00

DOCUMENT # P99000069275

1. Entity Name
TEROSCANDA CORP.

Principal Place of Business

C/O CAROL MCATEE
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Mailing Address

C/O CAROL MCATEE
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707-1833

2. Principal Place of Business

11752 Kay Court

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Largo, FL

City & State

Zip
33778

Country
Pinellas

Zip

Country

4. FEI Number
59-3594536

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCATEE, CAROL
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name
Terence Tripp
Street Address (P.O. Box Number is Not Acceptable)
11752 Kay Ct

City **Largo** **FL** Zip Code **33778**

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 reappointing)

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Terence Tripp
11752 Kay Ct.
Largo, FL 33778

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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)(f), 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

Date

Daytime Phone #

CR2E034 (9/99)