

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000069275**1. Entity Name
TEROSCANDA CORP.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91308 004 ***150.00

Principal Place of Business

**C/O CAROL MCATEE
11752 KAY COURT
LARGO FL 33778**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address
5401 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St Petersburg, FL4. FEI Number **59-3594536**Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MCATEE, CAROL
11752 KAY CT
LARGO FL 33778**

Name

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

5401 Central Ave

City

St Petersburg**FL**

Zip Code

33710

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 **Carol McAtee, CPA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/019. 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 **P** ☐ Delete
NAME **TRIP, TERENCE**
STREET ADDRESS **11752 KAY CT**
CITY-ST-ZIP **LARGO FL 33778**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/13/01 727 463-6416

CR2E034 (10/00)

Attachment
658047

#PR00009775 TERENCE TRIPP

5/13/01

TEROSANDA CORP

59-3594536

Division of Corporations
Uniform Business Report Filings
Box 1500
Tallahassee FL 32302-1500

To Whom it may concern:

I am filing the enclosed Report late. I did not intend to file late. I WAS UNAWARE the Report WAS due. I have enclosed the \$150⁰⁰ fee for filing on time. I Can Not Afford to pay the \$400⁰⁰ late fee at this time.

If possible, please Waive the \$400⁰⁰ late filing fee. I Am a one person Corp. trying to get started and trying to follow all Requirements. I Really Can not Afford the late fee. If you Can not Waive the fee, is there Any Way to make payments? I will greatly Appreciate Anything you Can do for me.

Thank You Terence Tripp