

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90125 004 ***150.00

DOCUMENT # S82374

1. Entity Name

PETER GREY TERHUNE PRESENTS, INC.

Principal Place of Business

**133 N. ORLANDO AVE.
COCOA BEACH FL 32953
US**

Mailing Address

**P.O. BOX 715
CAPE CANAVERAL FL 32920
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1353 N, Courtenay Pkwy.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite Y

City & State

Merritt Island FL 32953

4. FEI Number

59-3090790

Applied For

Not Applicable

Zip

32953

Country

US

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TERHUNE, PETER GREY
219 SYKES POINT LANE
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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 **PD** ☐ Delete
NAME **TERHUNE, PETER GREY**
STREET ADDRESS **219 SYKES POINT LANE**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **SD** ☐ Delete
NAME **TERHUNE, CATHY ABRAM**
STREET ADDRESS **219 SYKES POINT LANE**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2002 (321)453-2313
Date Daytime Phone #

CR2E034 (9/01)