

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90019 023 \*\*\*550.00

**DOCUMENT # G09061**

1. Entity Name

**TERRAIN DEVELOPERS CORPORATION**

Principal Place of Business

% PHILLIP GUETTNER  
 4401 WHITEWAY DAIRY ROAD  
 FORT PIERCE FL 34947-4407

Mailing Address

% PHILLIP GUETTNER  
 4401 WHITEWAY DAIRY ROAD  
 FORT PIERCE FL 34947-4407

2. Principal Place of Business

3. Mailing Address

P.O. Box 1987

Suite, Apt. #, etc.

Room 3

Suite, Apt. #, etc.

City & State

City & State

FT. Pierce FL

Zip

Country

Zip

34954

Country

4. FEI Number

59-2278598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GUETTNER, PHILLIP  
 4401 WHITEWAY DAIRY ROAD  
 FORT PIERCE FL 33450

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

*Phillip S.*

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PD  
 NAME GUETTNER, PHILLIP  
 STREET ADDRESS 4851 JORGENSEN RD.  
 CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Delete

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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:

*Phillip S. Guettner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-01 (561) 461-8345  
 Date Daytime Phone #

CR2E034 (5/01)