

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/5

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90360 001 \*\*\*300.00

**DOCUMENT # P00000055713**

1. Entity Name

**TERRE BONNE INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

~~300 17TH STREET, SUITE G~~  
~~VERO BEACH FL 32907~~

~~300 17TH STREET, SUITE G~~  
~~VERO BEACH FL 32907~~

2. Principal Place of Business

3. Mailing Address

**7980 N. Atlantic Ave**

**7980 N. Atlantic Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Cape Canaveral, FL**

**Cape Canaveral, FL**

Zip

Country

Zip

Country

**32930**

**Brevard**

**32920**

**Brevard**

4. FEI Number

**59-3656896**

Applied For

Not Applicable

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

**MOSLEY, CURTIS R**  
**1221 E. NEW HAVEN AVENUE**  
**MELBOURNE FL 32901**

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, 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 | NAME                   | STREET ADDRESS  | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------------|---|-------------|---------------------------------|
|       | <b>D HESSEE, CRAIG</b> | <del>300 17TH STREET, SUITE G</del><br><del>VERO BEACH FL 32907</del> |             | <input type="checkbox"/>        |
|       |                        |   |             | <input type="checkbox"/>        |
|       |                        |   |             | <input type="checkbox"/>        |
|       |                        |   |             | <input type="checkbox"/>        |
|       |                        |   |             | <input type="checkbox"/>        |
|       |                        |   |             | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS                 | CITY-ST-ZIP                     | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|--------------------------------|---------------------------------|---------------------------------|-----------------------------------|
|       |      | <b>7980 N. Atlantic Avenue</b> | <b>Cape Canaveral, FL 32920</b> | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                                |                                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                                |                                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                                |                                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                                |                                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/01**

**321 866 0010**

Date

Daytime Phone #

CR2E034 (10/00)