2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000076321

DOCUMENT # 1. Entity Name
TERRA LLINA RECREATION INC.



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90276 019 ***150.00

TERRA LONA RE-CHEATION, INC.)
Principal Place of Business 117 WINDHORST RD BRANDON FL 33510		Mailing Address 117 WINDHORST RD BRANDON FL 33510		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 22 3 8 5 9 4 0 3 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
MUDDLY I CATURDAR			Name	
MURPHY, L. CATHERINE 117 WINDHORST RD			Street Address	(P.O. Box Number is Not Acceptable)
BRANDON FL 33510				
			City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent.				
	ione or regions of agont.			
SIGNATURE .	Signature, typed or printed name of registered agent and	I title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, L. CATHERINE 117 WINDHORST RD BRANDON FL 33510	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODER, JANA 117 WINDHORST RD BRANDON FL 33510	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	

12. 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 pritriestee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme

SIGNATURE: