

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2002 90014 041 ***150.00

DOCUMENT # P96000037349

1. Entity Name
THE TERRA GROUP, INC.

Principal Place of Business
**308 ISLAND GREEN DR
 SUITE D
 ST AUGUSTINE FL 32092**

Mailing Address
**308 ISLAND GREEN DR
 SUITE D
 ST AUGUSTINE FL 32092**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1588204**

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

**MATHIS, JOEL D
 308 ISLAND GREEN DR
 SUITE D
 ST. AUGUSTINE FL 32092**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATHIS, JOEL D	
STREET ADDRESS	308 ISLAND GREEN DR., SUITE D	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRIS, RICHARD S	
STREET ADDRESS	308 ISLAND GREEN DR., SUITE D	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATHIS, RAYMOND A	
STREET ADDRESS	308 ISLAND GREEN DR., SUITE D	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Joel D. Mathis**

April 15, 2002 904-806-4822
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)