

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034922

1. Entity Name

TERRA DOC PREP, INC.

FILED

Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90001 032 ***150.00

Principal Place of Business

6003 NW 31 AVE
FT LAUDERDALE FL 33309

Mailing Address

6003 NW 31 AVE
FT LAUDERDALE FL 33309-2209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0911563

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

MILLS, RALPH B III
6003 NW 31 AVE
FT LAUDERDALE FL 33309

Name B. J. REEVES, ESQ

Street Address (P.O. Box Number is Not Acceptable) # 102

6565 TAFT ST

City HOLLYWOOD, FL Zip Code 33024

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

B. J. REEVES B. J. REEVES

3-6-00

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, 2000 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 D
NAME MILLS, RALPH B III
STREET ADDRESS 8165 NW 47 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

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

TITLE D
NAME ENGEL, BARBARA
STREET ADDRESS 2805 MORNING GLORY LANE
CITY-ST-ZIP DAVIE FL 33328 ☐ 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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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Ralph B. Mills III RALPH B. MILLS III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-00 954 9634740

CR2E034 (9/99)