

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90035 001 ***150.00

DOCUMENT # P99000069275

1. Entity Name
TEROSCANDA CORP.

DO NOT WRITE IN THIS SPACE

425686

2. Principal Place of Business 11752 Kay Court Suite, Apt. #, etc.	3. Mailing Address 5401 Central Ave. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Largo, FL	City & State St. Petersburg, FL	4. FEI Number 59=3594536	Applied For <input type="checkbox"/> Not Applicable
Zip 33778	Country	Zip 33710	Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Carol McAtee
Street Address (P.O. Box Number is Not Acceptable) 5401 Central Ave.
City St. Petersburg
State FL
Zip Code 33710

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 _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P	NAME Terence Tripp	STREET ADDRESS 11752 Kay Ct.	CITY-ST-ZIP Largo, FL 33778
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Terence Tripp** **3/2/02** **737 463-6416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)