

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076523

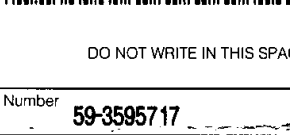
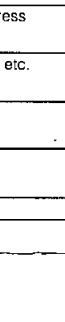
1. Entity Name  
**TERRA CARE, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -1 PM 12:46

[illegible]

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1603 SOUTHCREST CT. BRANDON FL 33510</b>		Mailing Address <b>1603 SOUTHCREST CT. BRANDON FL 33510</b>		 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 <b>59-3595717</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DIXSON, MARK C</b> <b>1603 SOUTHCREST CT.</b> <b>BRANDON FL 33510</b>				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  <b>9/12/07 Secretary</b> <b>9/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FEE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME <input type="checkbox"/> Delete <b>P DIXSON, MARK C</b> STREET ADDRESS <b>1603 SOUTHCREST COURT</b> CITY-ST-ZIP <b>BRANDON FL 33510</b>			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete <b>S DIXSON, HEIDI D</b> STREET ADDRESS <b>1603 SOUTHCREST COURT</b> CITY-ST-ZIP <b>BRANDON FL 33510</b>			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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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: William D. Smith Secretary

9/12/07 813-643-0118

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CR2E034 (5/01)