2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 19, 2002 8:00 am § Secretary of State F01000006328 DOCUMENT # 1. Entity Name 08-19-2002 90146 003 ***150.00 TERRA RENEWAL SERVICES, INC. Principal Place of Business Mailing Address **611 UNION STREET 611 UNION STREET** DARDANELLE AR 72834 DARDANELLE AR 72834 2. Principal Place of Business 150 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 71-0774612 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating Muse Set at a her Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1/2002 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, Chailman - Director **PCD** TITLE ☐ Delete TITLE Change SMITH, STEVEN W NAME NAME xute 1640 **611 UNION STREET** STREET ADDRESS STREET ADDRESS DARDANELLE AR CITY-ST-ZIP CITY-ST-ZIP VТD ☐ Detete THONE, RICK NAME NAME 611 UNION STREET STREET ADDRESS STREET ADDRESS DARDANELLE AR CITY-ST-ZIP CITY-ST-ZIP 3740 Addition ☐ Delete TITLE Change TITLE SMITH, STEVEN W NAME NAME 1640 STREET ADDRESS **611 UNION STREET** STREET ADDRESS CITY-ST-ZIP Dardanelle ar CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE THONE, HARRIET NAME NAME **611 UNION STREET** STREET ADDRESS STREET ADDRESS DARDANELLE AR CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition SMITH, MARGARET A NAME NAME **611 UNION STREET** STREET ADDRESS STREET ADDRESS Dardanelle ar CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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 species 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIG

NAME

STREET ADDRESS

CITY-ST-7IP

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2. Principal P	Place of Business	3. Mailing Address				1				t
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City & Stat	e	City & State		4	. FEI Number	71-0774612			plied For t Applicable]
Zip	Country	Zip	Country		Certificate of		Fee R	5 Add		
	6. Name and Address of Current R	egistered Agent	Name	7	. Name and Ac	Idress of New Re	gistered Agent			1
C T CORF 1200 SOL PLANTATI	Street A	Address (P.O). Box Number is	s Not Acceptable)		p Code	9	7		
signature - 9. This corporate filling r (See criter)	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND D	FILE NOW!!! After September 13, 1 Make Check Payable	Registered Agent signa FEE IS \$550 2002 Fee will I	ture required whe .00 be \$750.00 bit of State	n reinstating) 10. Electic Trust I	on Campaign Fina Fund Contribution	DATE noing	\$5.0 (Added	0 May Be to Fees	-
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indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with the content of the conte	ue and accurate and that my ered to execute this report as	signature shall h	nave the sam	e legal effect as	s if made under oa	ith; that I am an i	officer o	or director	

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

SIGNATURE: _