

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99432

1. Entity Name

TERRA - SCAPE INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90050 014 \*\*\*150.00

Principal Place of Business

Mailing Address

511 CESERY  
JACKSONVILLE FL 32211

P.O. BOX 11568  
JACKSONVILLE FL 32239-1568  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2224765

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

LUCKINBILL, STEVEN  
7880 BELLEMEADE BLVD., S.  
JACKSONVILLE FL 32211

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

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	<input type="checkbox"/> Delete
NAME	LUCKINBILL, JEANNETTE	
STREET ADDRESS	7880 BELLEMEADE BLVD. SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL FL 32211	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	CUGINI, TIMOTHY J	
STREET ADDRESS	14212 QUINLAN RD N.	
CITY-ST-ZIP	JACKSONVILLE, FL FL 32211	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	LUCKINBILL, STEVEN.H	
STREET ADDRESS	7880 BELLEMEADE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUGINI, LINDA	
STREET ADDRESS	1412 QUINLAN RD N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)