2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G81450 DOCUMENT

1. Entity Name

TERRAY ENTERPRISES INC



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90138 006 ***150.00

PROJECT FOR THE OTHER STATE AND DIRECTORS 2. Principal Place of Business 3. Mailing Address Shit Mark E DRIVE SANFORD F1 3277 2. Principal Place of Business 3. Mailing Address Shit Mark E DRIVE SANFORD F1 3277 2. Principal Place of Business 3. Mailing Address Shit Mark E DRIVE Shit Mark E DR	IENNAI	ENTERFRISES, INC.											
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ALTAMONTE SPRINGS FL 32701 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of logistered agent. SIGNATURE Signal Jan. Spring or your an inveit of registered dagent. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$190,000 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE URTON, CECILIA SIRET ADDRESS GITY-ST-ZP URTON, TERRANCE SIRET ADDRESS CITY-ST-ZP SANFORD FL UPD URTON, TERRANCE SIRET ADDRESS GITY-ST-ZP SANFORD FL UPD URTON, TERRANCE SIRET ADDRESS GITY-ST-ZP SANFORD FL UPD URTON, MATTHEW SASSET ADDRESS GITY-ST-ZP SANFORD FL URTON, TERRANCE SIRET ADDRESS GITY-ST-ZP SANFORD FL URTON, TERRANCE SIRET ADDRESS GITY-ST-ZP SANFORD FL URTON, ST-ZP TITLE Delete TITLE MAME SIRET ADDRESS GITY-ST-ZP SANFORD FL Change Addition TITLE MAME SIRET ADDRESS GITY-ST-ZP TITLE MAME SIRET ADDRESS GITY-ST-ZP TITLE Delete TITLE MAME SIRET ADDRESS GITY-ST-ZP TITLE MAME SIRET ADDRESS GITY-ST-ZP TITLE Delete TITLE MAME SIRET ADDRESS GITY-ST-ZP TITLE Delete TITLE MAME SIRET ADDRESS GITY-ST-ZP TITLE MAME SIRET ADDRESS GITY-ST-ZP TITLE Delete TITLE MAME SIRET ADDRESS GITY-ST-ZP TITLE DELETANCES GITY-ST-ZP TITLE DELETANCES GITY-ST-ZP TITLE TITLE DELETANCES GITY-ST-ZP TITLE TITLE TITLE DELETANCES GITY-ST-ZP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TIT						ļ			· · · · · · · · · · · · · · · · · · ·				-
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. I. am familiar with, and accept the obligations of registered algent. SIGNATURE Signature, logical or primed any agent and the it applicable Policy Polic										400]
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FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$530.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME URTON, CECILIA HORDESS STREET ADDRESS STYLVAN LK DR. STREET ADDRESS GITY-ST-ZIP TITLE URTON, TERRANCE 4665 S. SYLVAN LAKE DRIVE SANFORD FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SANFORD FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SANFORD FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SIGNATURE .	Cilu Millet _	_		<u>h.</u>	011				1-21-0	<u> </u>		
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUGMATURE AUGUTAED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-16-00

Daytime Phone #