

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H32019

1. Entity Name

TERRAGLAZE, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90001 003 ***150.00

Principal Place of Business

1865 SW 4TH AVE
D-2
DELRAY BEACH FL 33444
US

Mailing Address

1865 S.W. 4TH AVE
D-2
DELRAY BEACH FL 33444
US

642548

2. Principal Place of Business

1875 SW 4TH AVE

Suite, Apt. #, etc.

C-6

City & State

Delray Beach FL

3. Mailing Address

1875 SW 4TH AVE

Suite, Apt. #, etc.

C-6

City & State

Delray Beach FL

4. FEI Number

59-2470731

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREER, BARRY E
4316 GLENEAGLES DR.
BOYNTON BEACH FL 33436

↑ TYPO ERROR

7. Name and Address of New Registered Agent

Name

BARRY E. GREER

Street Address (P.O. Box Number is Not Acceptable)

4316 GLENEAGLES DR

City

BOYNTON BEACH

FL

Zip Code

33436

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, 2001 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

TITLE	ST	<input type="checkbox"/> Delete
NAME	GREER, CANDICE S	
STREET ADDRESS	1865 SW 4TH AVE, D-2	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	P	<input type="checkbox"/> Delete
NAME	GREER, BARRY E	
STREET ADDRESS	1865 SW 4TH AVE D2	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Candice S Greer	
STREET ADDRESS	1875 SW 4TH AVE, C-6	
CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry E Greer	
STREET ADDRESS	1875 SW 4TH AVE, C-6	
CITY-ST-ZIP	Delray Beach FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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 I/we empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/01 561 2651258

CR2E034 (10/00)