

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **J31656**

1. Entity Name
TIERRA VERDE SERVICES, INC.



**FILED
Jan 13, 2003 8:00 am
Secretary of State**

01-13-2003 90136 028 ***150.00

Principal Place of Business
**% JEAN A. JOHNSON
412 FOURTH AVE. N.
TIERRA VERDE FL 33715**

Mailing Address
**% JEAN A. JOHNSON
412 FOURTH AVE. N.
TIERRA VERDE FL 33715**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

6. Name and Address of Current Registered Agent

**JOHNSON, JEAN A.
412 FOURTH AVE. N.
TIERRA VERDE FL 33715**

4. FEI Number **59-2717473** **Applied For**
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing
Trust Fund Contribution.** **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------|---------------------------|--|---|
| TITLE | PD | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, JEAN A. | | |
| STREET ADDRESS | 412 FOURTH AVE. N. | | |
| CITY-ST-ZIP | TIERRA VERDE FL | | |
| TITLE | STD | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, MARTHA F. | | |
| STREET ADDRESS | 412 FOURTH AVE. N. | | |
| CITY-ST-ZIP | TIERRA VERDE FL | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. 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: *Martina F. Johnson* **SIGNATURE OF OFFICER REQUIRED** **MARTHA F. JOHNSON** **1-9-03** **727-866-0703**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)