

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90718 011 ***150.00

DOCUMENT # K07890

1. Entity Name
TERRA RESEARCH CORPORATION



Principal Place of Business
7281 SUNSHINE GROVE RD
#116
BROOKSVILLE FL 34614-2949
US

Mailing Address
C/O ROBERT E BURBANK
14101 BUCZAK RD.
BROOKSVILLE FL 34614
US



2. Principal Place of Business

3. Mailing Address

14101 Buczak Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brooksville, FL

4. FEI Number 59-2860294

Applied For

Not Applicable

Zip

Country

Zip

Country

34614

USA

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

BURBANK, ROBERT E.
14101 BUCZAK RD.
BROOKSVILLE FL 34614

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 **DP** ☐ Delete
NAME **BURBANK, ROBERT E.**
STREET ADDRESS **14101 BUCZAK ROAD**
CITY-ST-ZIP **BROOKSVILLE FL 34614**

TITLE **DPST** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 352-786-1116
Date Daytime Phone #

CR2E034 (10/02)