

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90007 009 *****50.00

DOCUMENT # L00000002122

1. Entity Name

TIERRA DEVELOPMENT LLC

Principal Place of Business

**15009 N. FLORIDA AVENUE #324
TAMPA FL 33613**

Mailing Address

**15009 N. FLORIDA AVENUE #324
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

15009 N. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

409

City & State

City & State

TAMPA

Zip

Country

Zip

Country

FL 33613

USA

4. FEI Number

59-3633493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCAGLIONE, RONALD E
3719 SWANN AVE.
TAMPA FL 33609**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
SCAGLIONE, CARMEN Y
6028 BENJAMIN RD.
TAMPA FL 33634**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
SCAGLIONE, RONALD E
15009 N. FLORIDA AVENUE #324
TAMPA FL 33613**

☐ Delete

TITLE
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

1/11/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)