

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016171

1. Entity Name

TERRACE GAS 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

Tampa FL

Zip

Country

33613

Country

USA

4. FEI Number

03-0395988

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOBBS, ROBERT S  
3719 SWANN AVENUE  
TAMPA FL 33607

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.

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SCAGLIONE, RONALD E  
15009 N FLORIDA AVE., #324  
TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ 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

01/10/02

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

Date

Daytime Phone #

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90007 008 \*\*\*\*50.00

17629



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)