

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**  
 01-15-2002 90041 030 \*\*\*150.00

6896660  
 AV

**DOCUMENT # L41789**

1. Entity Name  
**FLORIDA TERRA FIRMA CORPORATION**

Principal Place of Business <b>% RICHARD R. SIGNORE</b> <b>3055 GENOA LANE</b> <b>JUPITER FL 33477</b>	Mailing Address <b>% RICHARD R. SIGNORE</b> <b>3055 GENOA LANE</b> <b>JUPITER FL 33477</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0172493</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SIGNORE, RICHARD R.**  
**3055 GENOA LANE**  
**JUPITER FL 33477**

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 \_\_\_\_\_ 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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIGNORE, RICHARD R.</b> <b>3055 GENOA LANE</b> <b>JUPITER FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIGNORE, JOYCE M.</b> <b>3055 GENOA LANE</b> <b>JUPITER FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOVRICH, LYNNE S</b> <b>25 HARVARD RD</b> <b>WATERLIET NY 12189</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIGNORE, MICHAEL R</b> <b>254 GEORGETOWN CT</b> <b>ALBANY NY 12203</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIGNORE, LESLIE A</b> <b>591A SAND CREEK RD</b> <b>ALBANY NY 12205</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIGNORE, MICHAEL R</b> <b>591A SAND CREEK ROAD</b> <b>ALBANY NY 12205</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIGNORE, MICHAEL R.</b> <b>26B PRINCE COURT</b> <b>LOUDONVILLE, N.Y. 12211</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIGNORE, LESLIE A.</b> <b>26A PRINCE COURT</b> <b>LOUDONVILLE, N.Y. 12211</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Richard R. Signore **RICHARD R. SIGNORE** 1/07/02 561-575-0529  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)