

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


FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90076 033 ***150.00

1439200 AV

DOCUMENT # L41789

1. Entity Name
FLORIDA TERRA FIRMA CORPORATION



Principal Place of Business
**% RICHARD R. SIGNORE
3055 GENOA LANE
JUPITER FL 33477**

Mailing Address
**% RICHARD R. SIGNORE
3055 GENOA LANE
JUPITER FL 33477**

20010010



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0172493**
Applied For
 Not Applicable

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

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

SIGNATURE _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	SIGNORE, RICHARD R.	
STREET ADDRESS	3055 GENOA LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGNORE, JOYCE M.	
STREET ADDRESS	3055 GENOA LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOVRICH, LYNNE S	
STREET ADDRESS	25 HARVARD RD	
CITY-ST-ZIP	WATERLIET NY 12189	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIGNORE, MICHAEL R	
STREET ADDRESS	254 GEORGETOWN CT	
CITY-ST-ZIP	ALBANY NY 12203	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGNORE, LESLIE A	
STREET ADDRESS	26A PRINCE COURT	
CITY-ST-ZIP	LOUDONVILLE NY 12211	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGNORE, MICHAEL R	
STREET ADDRESS	26B PRINCE COURT	
CITY-ST-ZIP	LOUDONVILLE NY 12211	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVRICH, LYNNE M.	
STREET ADDRESS	1080 NOTT RD.	
CITY-ST-ZIP	GUILDERLAND, N.Y. 12084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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: *Richard R. Signore, Pres.* **1/10/03** **561-575-0529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)