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

## L51577 **DOCUMENT #**

1. Entity Name

SIGNATURE:

TERA INDUSTRIES, INC.



**FILED** Apr 16, 2003 8:00 am Secretary of State
04-16-2003 90167 049 \*\*\*150.00

Principal Place 7634 CENTRAL RIVIERA BEAC US	l industrial	DR	Mailing Address 7634 CENTRAL INDUSTRIAL RIVIERA BEACH FL 33404 US						
2. Principal P	lace of Busine	SS	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Stat	e		City & State				4. FEI Number 59-2993171 Applied For Not Applicable		
Zip		Country	Zip	Coun	try		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
···	6. Name a	and Address of Current	egistered Agent				7. Name and Address of New Registered Agent		
	steven ND Cay DR ACH GARDEI			Street A	lone, Steven  (P.O. Box Number is Not Acceptable)  + Central Industrial Dr.  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 of crinted partie of registered agent and tipe 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 \$5.00 May Be Trust Fund Contribution.   ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11)		
10.	DP	OFFICERS AND		11. TITLE		DP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    Change		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MALONE, S 1103 GRAN		□ Delete	NAM STRE		16 16	alone, Steven 034 Central Industrial Dr. 1 Viena Beach, FL 33404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUH, EDW/ 7631 WOOI WEST PALM		☐ Delete			5ul	Change Addition  Ah, Edward  34 Central Industrial Dr.  Viera Beach, FL 33404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	: :		☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 9 9		☐ Delete				☐ Change ☐ Addition		
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 life empowered.									