## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 11, 2000 8:00 am Secretary of State DOCUMENT # L69928 . 1. Entity Name TERRA LANDSCAPING, INC. 05-11-2000 90306 006 \*\*\*150 00 Mailing Address Principal Place of Business 9059 GEWANT BOULEVARD 9059 GEWANT BOULEVARD PUNTA GORDA FL 33982 PUNTA GORDA FL 33982-2320 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0283973 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURTON, JOHN R Street Address (P.O. Box Number is Not Acceptable) 9059 GEWANT BOULEVARD **PUNTA GORDA FL 33982** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PVD ☐ Addition ☐ Change ☐ Delete TITLE TITLE BURTON, JOHN R NAME NAME 9059 GEWANT BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33982** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE BURTON, NANCY R NAME NAME 9059 GEWANT BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33982** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

**FILED**