**FILED** 

Daniel W. Rothenberger, Principal 813.287.1444

Davtime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # L73683** TERRA ENVIRONMENTAL SERVICES, INC. 04-28-2001 90065 040 \*\*\*158.75 Principal Place of Business Mailing Address 14902 WINDING CREEK CT. 14902 WINDING CREEK CT. 77111 SUITE 101C SUITE 101C **TAMPA FL 33613 TAMPA FL 33613** 2. Principal Place of Business 3. Mailing Address 5215 W. Laurel Street 5215 W. Laurel Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 200 Suite 200 City & State 4. FEI Number Applied For 59-3022514 Tampa, FL 33607 Tampa, FL 33607 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33607 USA Fee Required . 7 -33607 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Daniel W. Rothenberger ROTHENBERGER, DANIEL W Street Address (P.O. Box Number is Not Acceptable) 5215 W. Laurel Street 14902 WINDING CREEK CT., SUITE 101C **TAMPA FL 33613** Suite 200 City Tam<u>pa</u> Zip Code 33607 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 Daniel W. Rothenberger, Principal (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE □ Delete TITLE NAME ROTHENBERGER, DANIEL W. NAME STREET ADDRESS STREET ADDRESS **423 HERMOSITA DRIVE** CITY-ST-ZIP CITY-ST-ZIP ST PETE BEACH FL ☐ Delete TITLE TITLE ☐ Change Addition NAME OURAL, CRAIG R. NAME STREET ADDRESS STREET ADDRESS **2106 KYRA DR** CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE Change Addition WALKER, STEVEN T. NAME NAME STREET ADDRESS STREET ADDRESS 2162 SERPENTINE CIR. S. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL TITLE Delete ☐ Change ( Addition TITLE GRANT, W. DOUGLAS NAME NAME STREET ADDRESS 2235 BROOKSIDE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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