## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2001 8:00 am DOCUMENT # P0000019799 **Secretary of State** TERRA CONSTRUCTION AND DEVELOPMENT, INC. 01-24-2001 90028 044 \*\*\*150.00 Principal Place of Business Mailing Address 123 E. SATSUMA ST. P.O. BOX 2243 PALATKA FL 32178-2243 PALATKA FL 32178 **LUUU8357** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HURST, RAY A Street Address (P.O. Box Number is Not Acceptable) 123 E. SATSUMA ST. PALATKA FL 32178 City 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 (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. TITLE ☐ Change ■ Addition TITLE. ☐ Delete NAME HURST, RAY A NAME STREET ADDRESS STREET ADDRESS 123 E. SATSUMA ST. CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32178 TITLE ☐ Change Addition TITLE ☐ Delete NAMÉ HURST, TAMMY M NAME STREET ADDRESS 123 E. SATSUMA ST. STREET ADDRESS CITY-ST-ZIP.--CITY-ST-ZIP\_\_\_ PALATKA FL 32178 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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