

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90126 020 ***150.00

DOCUMENT # P00000023932

1. Entity Name
TERRANOVUS.NET INCORPORATED



Principal Place of Business
4409 SUN N' LAKE BLVD., STE. I
SEBRING FL 33872

Mailing Address
4409 SUN N' LAKE BLVD., STE. I
SEBRING FL 33872



2. Principal Place of Business

4325 Sun 'N Lake Blvd

3. Mailing Address

4325 Sun 'N Lake Blvd

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Sebring FL

City & State

Sebring FL

Zip

33872

Country

Zip

33872

Country

4. FEI Number

65-0992203

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BASSETTI, DENNIS R
4409 SUN N' LAKE BLVD., STE. D
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name

Baschetti, Dennis R

Street Address (P.O. Box Number is Not Acceptable)

4325 Sun 'N Lake Blvd

Suite 101

City

Sebring

FL

Zip Code

33872

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 or printed name of registered agent and title 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
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PULIDO, GABRIEL ALLEN
STREET ADDRESS 4116 MEDWA WAY
CITY-ST-ZIP SEBRING FL 33825

☐ Delete

TITLE V
NAME BASSETTI, DENNIS
STREET ADDRESS 491 TULANE CIRCLE
CITY-ST-ZIP AVON PARK FL 33825

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PULIDO, GABRIEL ALLEN
STREET ADDRESS 4116 MEDINA WAY
CITY-ST-ZIP SEBRING FL 33825

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BASSETTI, DENNIS R

4/7/03

Date

863-471-1183

Daytime Phone #

CR2E034 (10/02)