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222		M DIIC			RT (UBR)
ZUUI	UNIFUR	KIVI BUS	INFSS	KPPU	KI NIKKI
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SIGNATURE: Select WW

DOCUMENT # P0000029413 1. Entity Names TERRABIND INTERNATIONAL INC.					,					282 AV
							FILED			
Principal Place of Business Mailing Address						01 8	EP 28' AH H	0: 27		
304 TEQUEST	A DRSTE.200	304 TEQUESTA DR.,STE,200)							
TEQUESTA FL	. 33469	TEQUESTA FL 33469				SECRETARY OF STATE TALLAHASSEE FLORIDA				
2. Principal F	Place of Business	3. Mailing Address) INDIIAAN III ADIII BAIKI I	8811 50 111 53 211 88 12 5 21 8			
354 Cypress		Terrabind International 354 Cypress Dr. Ste. 6				DO NOT WRITE IN THIS SPACE				
Tequesta, FL 33469		Tequesta, FL 33469			4.	1 - [965]	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		plied For]
Zip	Country	Zip	Zip Country		4	Certificate of Status Des		8.75 Add	t Applicable litional	1
	6. Name and Address of Current	Registered Agent	1			Vame and Address of I	Fe F	ee Required		
	o. Name and Address of Current	negistereti Agerit		Name	7. I	Name and Address of I	iew Registered Ag	jent		1
-	RICHARD W			Street Address (P.O. Box Number is Not Acceptable)						
850 BELLA VISTA CT.,S.										-
JUPITER FL 33477				City				Zip Code		4
							FL	Zip Code]
8. The above	e named entity submits this statement for	the purpose of changing its reg	iistered 	d office or re	egistered ag	ent, or both, in the State	of Florida.			
SIGNATURE	Whanf WU	sener								
	Signature, typed or printed name of registered agent a				required when re	einstating)	DATE			4
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After September 12, 20 Make Check Payable t			001 F	ee will be	\$750.00	10. Election Campai Trust Fund Conti	• • —		0 May Be to Fees	
11.	OFFICERS AND		12.		AD	DITIONS/CHANGES TO	_	_		1_
TITLE NAME	President Richard M Jura	Delete	TITLE NAME				L	Change	☐ Addition	R2E034 (5/01)
STREET ADDRESS	77 033 0			T ADDRÉSS		400004641974 5 -10/18/0101066009				&
CITY-ST-ZIP	requesta, The 3	3469	CITY-S	ST-ZIP		-1	<u> </u>	1066	:009 :50 .00	PZE
TITLE NAME	V. PresiDENT / C Joseph S. Krol	C F O □ Delete	TITLE NAME		162	1. J. 1. A.	***750.00 p	_{भट्ट} गंजीक्षापुरु (TI Addition	3
STREET ADDRESS	Joseph S. Krol 354 Cypress Du	ve, Ste#6		F ADDRESS						
CITY-ST-ZIP	requesta FL 3	, ,	CITY-S	ST-ZIP		the collection of the	P 427 1			-
NAME	V. PresideNT Richard W. Wei	☐ Delete	TITLE NAME			STATEM	LI &		Addition	
STREET ADDRESS	1354 CYPYESS Dri	ie, Ste, #6		ADDRESS						1
CITY-ST-ZIP		469	CITY-S	ST-ZIP			- N	7.05		-
TITLE NAME	Bonnie J. France	avilla	TITLE NAME				$h \parallel \cdot $	_ Change \	☐ Addition	
STREET ADDRESS	354 Cypress Driv	e, Ste. #6	STREET	ADDRESS			VVVIVV	\setminus		Ì
CITY-ST-ZIP	Teguesta, FL 33		CITY-S	ST-ZIP			Z., AAA			1
TITLE NAME	,	☐ Delete	TITLE NAME				(M, I)	Change	Addition	ļ
STREET ADDRESS	,			ADDRESS			\sim	• .		
CITY-ST-ZIP			CITY-S	T-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET	ADDRESS						
CITY-ST-ZIP	6		CITY-S							
13. I hereby o	certify that the information supplied with	this filing does not qualify for the	exem	ption stated	in Section 1	19.07(3)(i), Florida Stat	utes. I further certify	that the int	formation	1
of the cor	on this report or supplemental report is poration or the receiver or trustee empor	wered to execute this report as re	ignatui equire	re snall nave d by Chapte	е гле same I er 607, Florid	egai eπect as if made u da Statutes; and that my	nder oath; that I am name appears in f	i an officer (Block 11 or	or airector Block 12 if	(

9/12/01

(541) 741-2080 Daytime Phone #