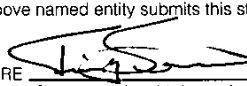


# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90087 034 \*\*\*150.00

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<b>DOCUMENT # P00000074483</b>			
1. Entity Name <b>TERROIR, INC.</b>			
Principal Place of Business <b>10544 EMERALD CHASE DR. ORLANDO FL 32836</b>		Mailing Address <b>10544 EMERALD CHASE DR. ORLANDO FL 32836</b>	
2. Principal Place of Business <b>7730 West Sand Lake Road</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orlando FL</b>		City & State	
Zip <b>32819</b>	Country <b>U.S.A.</b>	Zip	Country
6. Name and Address of Current Registered Agent  <b>CHMIELARSKI, MARK J ESQ. 950 S. WINTER PARK DR., STE. 200 CASSELBERRY FL 32707</b>		7. Name and Address of New Registered Agent Name <b>Booker and Chmielarski, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>170 Bloxam Ave.</b> City <b>Orange City, FL</b> Zip Code <b>32707</b>	
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  <b>Mark J. Chmielarski, Esq.</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE <b>1/9/01</b> <b>Booker and Chmielarski, P.A.</b>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEAMAN, TIMOTHY 10544 EMERALD CHASE DR. ORLANDO FL 32836</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEAMAN, MARYANN 10544 EMERALD CHASE DR. ORLANDO FL 32836</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Timothy SEAMAN** 1/09/01 407-226-3322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00004313



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)