2003 FOR PROFIT CORPORATION

Mailing Address

TAMPA FL 33606

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

1802 WEST CLEVELAND STREET

UNIFORM BUSINESS REPORT (UBR P01000077733 DOCUMENT

1. Entity Name

TAMPA FL 33606

Principal Place of Business

1802 WEST CLEVELAND STREET

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

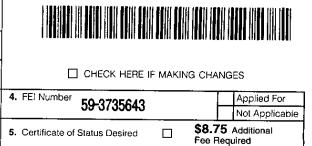
TERRACE COLLECTION, INC.



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90064 011 ***150.00

3004239[]



DATE

BARBAS, RANDY R 1802 WEST CLEVELAND STREET **TAMPA FL 33606**

7. Name and Addre	ess of New Registered Agent	
Name		
Street Address (P.O. Box Number is No	ot Acceptable)	_
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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

SIGNATURE

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			Trust Fund Contribution.		O May Be to Fees
10.	10. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNIZ, TONY JR 8405 N EDISON AVE TAMPA FL 33604	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBAS, RANDY R 1802 W CLEVELAND ST TAMPA FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**************************************	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 10 12 10 10 10 10 10 10 10 10 10 10 10 10 10	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE			77.5			

12. I hereby certify that the information supplied with this filling 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 exceute 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.

TITLE

NAME

STREET ADDRESS

SIGNATURE: 1

NAME

STREET ADDRESS

CITY-ST-ZIP

SICMATURE REQUIRIDU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition