

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000078277
1. Entity Name
Terra Consulting Assoc, Inc

FILED
03 JUL 10 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
351 N. Congress Ave
Suite, Apt. #, etc. 251
City & State Bourton Bch, FL
Zip 33426 Country USA

3. Mailing Address
Suite, Apt. #, etc. Same
City & State Same
Zip Same Country Same

4. Fed Number 05-1126175 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Robin Gelfont
Street Address (P.O. Box Number is Not Acceptable) 351 N. Congress Ave
City Bourton Bch FL Zip 33426

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

January 1st - May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President Robin Gelfont 351 N. Congress Bourton Bch, FL 33426</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 on an attachment with an address, with all other like empowered.
SIGNATURE [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034B (12/01)

gh 7/10

James J. Donovan, C.P.A., P.A.
3830 Jog Road
Lake Worth, FL 33467
Phone (561) 641-9550 Fax (561) 641-4781

June 24, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Terra Consulting Assoc., Inc
Document # P01000078277

Dear Sir or Madame,

Please be advised of the following facts and circumstances regarding the late filing of this return.

- 1. The taxpayer did not receive the annual business report and had no knowledge that an annual business report was required.**
- 2. Therefore, we believe reasonable cause exists for you waiving the assessed penalty.**
- 3. If you have any questions on the above, please feel free to contact our office.**

Thank you for your cooperation.

Sincerely,



James J. Donovan, C.P.A.

Under penalties of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.