

**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**

3. Mailing Address  
Suite, Apt. #, etc.  
**Same**  
City & State  
**Same**  
Zip  
**33426**

DO NOT WRITE IN THIS SPACE

4. Fee Number  
**05-1126175**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE 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]**  
Signature, typed or printed name of registered agent and title if applicable. (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. ☐  
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

January 1 - May 1 Fee is \$150.00  
After May 1 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	<b>President Robin Gelfont 351 N. Congress Bourton Bch, FL 33426</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>000021464470 07/10/03--01063--010 **150.00</b>
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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 **7/10** Daytime Phone #

CR2E034B (12/01)

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.