2000 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2000 8:00 am DOCUMENT # P94000091384 Secretary of State TERRA MAR VILLAGE UTILITIES. INC. 02-16-2000 90119 021 ***150.00 Principal Place of Business Mailing Address 4383 US #1 4383 US #1 **EDGEWATER FL 32141** EDGEWATER FL 32141 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 59-3326847 Not Applicable \$8.75 Additional Zip Country Country 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STORCH, GLENN D Street Address (P.O. Box Number is Not Acceptable) 1620 S CLYDE MORRIS BLVD SUITE 300 DAYTONA BEACH FL 32119 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE UDDO, FRANK J STREET ADDRESS STREET ADDRESS 4383 US HWY 1 CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32141** Delete TITLE Change ☐ Addition TITLE NAME NAME UDDO, FRANK S STREET ADDRESS STREET ADORESS 4383 US 1 CITY-ST-7IP CITY-ST-ZIP **EDGEWATER FL 32141** ☐ Delete ☐ Addition TITLE TITLE DST NAME NAME UDDO, JOSEPH STREET ADDRESS STREET ADDRESS 4383 US HWY 1 CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32141** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME PICA. AL STREET ADDRESS STREET ADDRESS 926 S.W. 38TH COURT CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Change ☐ Addition TITLE D ☐ Detete TITLE NAME NAME PICA, AL STREET ADDRESS STREET ADDRESS 10426 VEREDA CIRCLE CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental peport 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 the see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

CITY-ST-ZIP

2/9/1000 904-345-3662 Daytime Phone #