2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like

FILED DOCUMENT # **P95000075593** Apr 06, 2000 8:00 am Secretary of State 1. Entity Name TERRA MEASUREMENTS, INC. 04-06-2000 90001 044 ***150.00 Principal Place of Business Mailing Address 3733 KIRKWOOD CIRCLE 3733 KIRKWOOD CIRCLE LANTANA-FL-33462-LANTANA FL-33462-2. Principal Place of Business 3. Mailing Address 3733 KIRKWOOD <u>CIRCLE</u> 3733 KIRKWOOD CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0611461 BOYNTON BEACH-BOYUTON Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33436 33436 PALM BEACH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REIGHARD, GARRY L Street Address (P.O. Box Number is Not Acceptable) 3733 KIRKWOOD CIRCLE LANTANA FL 33462 33436 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. L REIGHARD FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE TITLE □ Delete REIGHARD, GARRY L NAME NAME 3733 KIRKWOOD CIRCLE STREET ADDRESS STREET ADDRESS BOYNTON BEACH CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462-☐ Defete TITLE TITLE MALL, ROBERT NAME 311 GOLF RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BCH FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Dalete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

L REIGHARD