

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004441

1. Entity Name
TERRA PHOENIX, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90237 035 ***150.00

Principal Place of Business

**1948 BLANDING BLVD
JACKSONVILLE FL 32210
US**

Mailing Address

**1948 BLANDING BLVD
JACKSONVILLE FL 32210
US**

2. Principal Place of Business

7052 103rd street

3. Mailing Address

P.O. Box 440727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3356150

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32222-0017

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORGAN, JONATHAN D
1948 BLANDING BLVD
JACKSONVILLE FL 32210**

Name

Lynn Urfer

Street Address (P.O. Box Number is Not Acceptable)

1371 Stimson St

City

Jacksonville

FL

Zip Code

32205

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

Lynn Urfer Lynn Urfer

4-15-01

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**DPT
NAME COOKE, KATHERYNE A
STREET ADDRESS 1371 STIMSON ST
CITY-ST-ZIP JACKSONVILLE FL 32205**

TITLE ☐ Delete

**DS
NAME URFER, LYNN A
STREET ADDRESS 1948 BLANDING BLVD
CITY-ST-ZIP JACKSONVILLE FL 32210**

TITLE ☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

TITLE
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn A Urfer Lynn A Urfer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-01

Daytime Phone #

904-387-2154

CR2E034 (10/00)