FILED

## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT**

May 21, 2002 8:00 am Secretary of State DOCUMENT #F96000 04-10-2002 90447 049 \*\*\*150 00 1. Entity Name TIERRAHAR ENTERPRISE DO NOT WRITE IN THIS SPACE 28286 2. Principal Place of Business 389 Anglers De N. #208 2418 Cashenwood DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ternandina Beach City & State 4. FEI Number Applied For 593369173 orida Florida Not Applicable Country Country USA 3<sup>10</sup>3050 \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent 10m-Theodore DO NOT WRITE IN THIS SPACE City 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. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees See criteria on back) Make Check Psyable to Department of State OFFICERS AND DIRECTORS 11. President TITLE CR2E034B (12/01) TITLE William Theodore Wass NAME NAME 389 Anglers DR N. #208 Harathon, FL 33050 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE IIILE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-72P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS

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 certify 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.

CITY-ST-ZIP

SIGNATURE: WILLIAM THEODORE

CITY-ST-ZIP