

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90129 005 ***158.75

DOCUMENT # P96000072529

1. Entity Name
TERRA INVESTMENT GROUP, INC.

Principal Place of Business

**2365 US HWY 27 N
1
MOORE HAVEN FL 33471
US**

Mailing Address

**3455 COASTAL HIGHWAY
SAINT AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3399935**

Applied For

Not Applicable

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

**CAROL L. WATKINS
413 SALT WIND CT. W.
PONTE VEDRA BCH. FL 32082**

Name **Carol L Watkins**

Street Address (P.O. Box Number is Not Acceptable)
2370 Water Plant Road

City **St. Augustine** **FL** Zip Code **32092**

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 **Carol L Watkins** **Carol L Watkins** **St/Treas** **2-20-02**
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **JOYNER, ROBERT L**
STREET ADDRESS **3455 COASTAL HIGHWAY**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **WATKINS, CAROL L**
STREET ADDRESS **413 SALT WIND CT. W.**
CITY-ST-ZIP **PONTE VEDRA BCH. FL 32082**

TITLE **DST** ☒ Change ☐ Addition
NAME **Watkins, Carol L**
STREET ADDRESS **2370 Water Plant Road**
CITY-ST-ZIP **St. Augustine FL 32092**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 supplementary 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: **Robert Joyner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

904-824-9157
Daytime Phone #

CR2E034 (9/01)