FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2000 8:00 am Secretary of State DOCUMENT # **P97000007371** 1. Entity Name TERRACON SERVICES, INC. 03-02-2000 90082 047 ***158.75 Principal Place of Business Mailing Address P.O. BOX 2766 3 W. BEVERLY RD. HIPITER FL 33469 JUPITER FL 33468-2766 3. Mailing Address 2. Principal Place of Business 218 Golfview Dr DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0725168 Not Applicable leauesta Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. FISHER, MORGAN T Street Address (P.O. Box Number is Not Acceptable) 218 GOLFVIEW DRIVE **TEQUESTA FL 33469** City Zip Code 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. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition Delate TITLE TITI E Address Fisher, Morgan T. 218 Goffview Drive FISHER, MORGAN T NAME NAME only STREET ADDRESS 113 W. BEVERLY RD. STREET ADORESS CITY-ST-ZIP Tequesta, FL CITY-ST-ZIP JUPITER FL 33469 ☐ Addition 🔀 Change TITLE ☐ Delete TITLE Address ROY-FISHER, CONSTANCE E NAME Roy-Figher, Constance E. 218 Golfview Drive NAME only STREET ADDRESS 113 W. BEVERLY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 Tecnesta, Fl THLE 🗀 De'ete TITLE Address Baglia, Joseph C. BAGLIA, JOSEPH C JR. NAME NAME 16299, 122 rd Dr. North Only STREET ADDRESS 512 E. WHITNEY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 Change ... Addition ☐ Delete TITLE BAGLIA, CATHERINE A NAME Address Baglia Catherine A. 1629 122 nd Dr. North STREET ADDRESS 512 E. WHITNEY DR. STREET ADDRESS Only CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date