

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90194 047 ***150.00

DOCUMENT # **P97000008503** ✓

1. Entity Name

Terena Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11266 W. Hillsborough Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

239

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59342441

Applied For

Not Applicable

Zip

33635

Country

Hillsborough

Zip

Country

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Terrill Goldman

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

11266 W. Hillsborough Ave

#239

City

Tampa

FL

Zip Code

33635

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

10. Election Campaign Financing
Trust Fund Contribution ☐

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

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Terrill Goldman
STREET ADDRESS	11266 W. Hillsborough Ave #239
CITY-STATE-ZIP	Tampa, FL 33635
TITLE	D
NAME	David Kanstoroom
STREET ADDRESS	10404 Double Bayou
CITY-STATE-ZIP	Tampa, FL 33615
TITLE	D
NAME	Arena Sawyers
STREET ADDRESS	613 Thompson Dr.
CITY-STATE-ZIP	Coppell, TX 75019
TITLE	D
NAME	Joel Walters
STREET ADDRESS	504 Cutter Ln.
CITY-STATE-ZIP	Long Boat Key, FL 34228
TITLE	D
NAME	Michael De Costa
STREET ADDRESS	1609 Hills of Red #201
CITY-STATE-ZIP	Las Vegas, NV 89128
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Terrill S. Goldman

TERRILL S. GOLDMAN

4-24-02

813-818-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)