

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90462 016 ***150.00

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DOCUMENT # P97000008503

1. Entity Name
TERENA CORPORATION



Principal Place of Business
11266 W HILLSBOROUGH AVE
STE 239
TAMPA FL 33635
US

Mailing Address
11266 W HILLSBOROUGH AVE
STE 239
TAMPA FL 33635
US

11002483



2. Principal Place of Business
11168 Windsor Place Cir
Suite, Apt. #, etc.

3. Mailing Address
11168 Windsor Place Cir
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Tampa, FL
Zip
33626
Country
USA

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Tampa, FL
Zip
33626
Country
USA

4. FEI Number
59-3424441

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOLDMAN, TERRILL
11266 W HILLSBOROUGH AVE
STE 239
TAMPA FL 33635

7. Name and Address of New Registered Agent
Name
Goldman, Terrill
Street Address (P.O. Box Number is Not Acceptable)
11168 Windsor Place Cir.
City
Tampa
FL
Zip Code
33626

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Terrill S. Goldman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, TERRILL 11266 W HILLSBOROUGH AVE #239 TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANSTOROOM, DAVID 10404 DOUBLE BAYOU TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYERS, RENA 613 THOMPSON DR COPPEL TX 75019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, JOEL 584 CUTTER LN LONG BOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA COSTA, MICHAEL 1609 HILLS OF RED #201 LAS VEGAS NV 89128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terrill S. Goldman
Terrill S. Goldman

4-15-03

813-818-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)