

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90005 024 ***558.75

DOCUMENT # P98000030167

1. Entity Name
TERRAPLEX CONSULTING, INC.

Principal Place of Business
1845 PALM COVE BLVD #102
APT 102
DELRAY BEACH FL 33445

Mailing Address
1845 PALM COVE BLVD #102
APT 102
DELRAY BEACH FL 33445

2. Principal Place of Business
1885 PALM COVE BLVD #205
 Suite, Apt. #, etc.
Apt. # 205

3. Mailing Address
1885 PALM COVE BLVD
 Suite, Apt. #, etc.
Apt. # 205

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33445 Country
USA

Zip
33445 Country
USA

4. FEI Number **65-0826922**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOBLE, KEVIN M
1845 PALM COVE BLVD #102
DELRAY BEACH FL 33445

Fix
→

Name

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

1885

APT 205

City

FL

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.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE, KEVIN M 1845 PALM COVE BLVD #102 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOBLE, KEVIN M	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOBLE, KEVIN M. 1885 PALM COVE BLVD, APT. #205 DELRAY BEACH-FL-33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1 Aug 2000 **561-279-1283**
 Date Daytime Phone #

CR2E034 (5/00)