

4/11/

FILED**Sep 03, 2002 8:00 am
Secretary of State**

04-11-2002 90657 007 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000092138**

1. Entity Name

TERRA ENTERPRISES, INC.

Principal Place of Business

**3007 ROBINWOOD LN.
PALM HARBOR FL 34684**

Mailing Address

**P.O. BOX 1732
PALM HARBOR FL 34682**

2. Principal Place of Business

30 N. RING AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 300

City & State

City & State

TARPON SPRINGS FL

Zip

Country

Zip

Country

34689 USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

59-3700658

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

Name

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

City

FL

Zip Code

**CARLESIMO, ONORIO
3007 ROBINWOOD LN.
PALM HARBOR FL 34684**

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 \$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	D	<input type="checkbox"/> Delete
NAME	CARLESIMO, ONORIO	
STREET ADDRESS	3007 ROBINWOOD LN.	
CITY-ST-ZIP	PALM HARBOR FL 34684	

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 info empowered.

SIGNATURE:

Y. S. CARLESIMO, ONORIO, DIRECTOR

Date

Daytime Phone #

4-3-02 727-945-0966

CR2034 (9/01)