

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015526

1. Entity Name

TERRA CONSULTING CORP.



FILED

Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90013 006 ***558.75

Principal Place of Business

378 INVERNESS TR.
DAKOTA DUNES SD 57049

Mailing Address

378 INVERNESS TR.
DAKOTA DUNES SD 57049

A0078346



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11311 Crystal Oaks Way
Suite, Apt. #, etc.
San Diego CA 92131
City & State

3. Mailing Address

11311 Crystal Oaks Way
Suite, Apt. #, etc.
San Diego CA
City & State

Zip 92131

Country USA

Zip 92131

Country USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOODY, BRENT L
515 E. LAS OLAS BLVD., STE. 1500
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

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

TITLE D ☒ Delete
NAME LEVY, BRUCE
STREET ADDRESS 378 INVERNESS TR.
CITY-ST-ZIP DAKOTA DUNES SD 57049

TITLE D ☐ Delete
NAME Bruce Levy
STREET ADDRESS 11311 Crystal Oaks Way
CITY-ST-ZIP San Diego, CA 92131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

888m 831-0556(857)

Date

Daytime Phone #

CR2E034 (5/00)