FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am Secretary of State DOCUMENT # P99000076781 1. Entity Name TERRA MARE INC. 2-15-2001 90018 029 ***150.00 Principal Place of Business Mailing Address 128 SEASHORE DRIVE 128 SEASHORE DRIVE JUPITER FL 33477 JUPITER FL 33477 C0021372 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0948570 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name BUETENS, ERIC D Street Address (P.O. Box Number is Not Acceptable) 8965 S.E. BRIDGE ROAD **HOBE SOUND FL 33455** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. S/D TITLE ☐ Delete TITLE Change ☐ Addition RUF, EGON T NAME NAME 128 SEASHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE RUF. MICHAEL E NAME NAME STREET ADDRESS 51 GLEN EYRIE AVE., APT. # 24 STREET ADDRESS CITY-ST-ZIP SAN JOSE CA 95125 CITY-ST-ZIP TITLE ---- Delete TITLE ☐ Change · · ☐ Addition RUF, KEVIN F NAME STREET ADDRESS 1021 LINCOLN BLVD., STE 212 STREET ADDRESS CITY-ST-ZIP SANTA MONICA CA 90403 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RUF, BRIAN T NAME NAME 5494 SHARON LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA 95124 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING O

EGON T. RUF 2/15/01