

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

May 24, 2000 8:00 am
Secretary of State

05-01-2000 90412 025 ***150.00

DOCUMENT # P99000095073

1. Entity Name

TERRALYNX, INC.

Principal Place of Business

1971 WILLOW WOOD DRIVE
KISSIMMEE FL 34746

Mailing Address

1971 WILLOW WOOD DRIVE
KISSIMMEE FL 34746-3779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3606566

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAKEFIELD, S. CRAIG
1971 WILLOW WOOD DRIVE
KISSIMMEE FL 34746

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 \$150.00
After MAY 1, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MERLANO, MARIO
1971 WILLOW WOOD DRIVE
KISSIMMEE FL 34746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CIO
MARCHMAN, SCOTT
518 EAGLE POINT NORTH
KISSIMMEE FL 34746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GONZALES, PATRICK
5402 PINE CREEK DRIVE
ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BECK, BERNARD J III
13001 MULBERRY PARK DR, APT 128
ORLANDO FL 32821 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DAVIS, MARCIE
1971 WILLOW WOOD DRIVE
KISSIMMEE FL 34746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
MULLICAN, J. PATRICK
14927 LAKE AZURE DRIVE
ORLANDO FL 32824 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

4/16/00

Date

847
407 2039

Daytime Phone #

CF2E014 (9/98)