FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 07, 2001 8:00 am Secretary of State DOCUMENT # P99000095073 Entity Name TERRALYNX, INC. 05-07-2001 90043 028 \*\*\*150.00 Principal Place of Business Mailing Address 1971 WILLOW WOOD DRIVE 1971 WILLOW WOOD DRIVE KISSIMMEE FL 34746 KISSIMMEE FL 34746 80049323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3606566 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 WAKEFIELD, S. CRAIG Street Address (P.O. Box Number is Not Acceptable) 1971 WILLOW WOOD DRIVE KISSIMMEE FL 34746 Zip Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition CEOD TITLE Change ☐ Delete TITLE MERLANO, MARIO NAME NAME STREET ADDRESS 1971 WILLOW WOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 CIOD ☐ Change ☐ Addition TITLE ☐ Delete TITLE MARCHMAN, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 518 EAGLE POINT NORTH CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Addition ☐ Change TITLE ☐ Delete TITLE GONZALES, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 5402 PINE CREEK DRIVE CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32811 ☐ Change ☐ Addition TITLE Delete TITLE BECK, BERNARD J III NAME NAME 13001 MULBERRY PARK DR, APT 128 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 VD Change ☐ Addition TITLE ☐ Delete TITLE DAVIS, MARCIE NAME NAME STREET ADDRESS 1971 WILLOW WOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 VDS TITLE ☐ Change ☐ Addition TITLE Delete MULLLICAN, J. PATRICK NAME NAME STREET ADDRESS 14927 LAKE AZURE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824

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:** 

AND TYPED OR ME OF SIGNING OFFICER OR DIRECTOR