# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 19, 2001 8:00 am**
**Secretary of State**
05-19-2001 90281 046 ***150.00

DOCUMENT # S09204

1. Entity Name
Terra Firma Adventures Inc.

Principal Place of Business
10097 Cleary Blvd - Ste 287
Plantation FL 33324

Mailing Address
same

2. Principal Place of Business
10097 Cleary Blvd
Suite, Apt. #, etc.
287
City & State
Plantation FL
Zip 33324 Country

3. Mailing Address
10097 Cleary Blvd
Suite, Apt. #, etc.
287
City & State
Plantation FL
Zip 33324 Country

D0055655
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0229930
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Fouke, Linda
11750 NW 19th st
Plantation FL 33323

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | Pres<br>Linda Fouke<br>11750 NW 19th St<br>Plantation FL 33323 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Halburnt, Michael<br>1621 NE 55th St<br>Ft Lauderdale FL 33334 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (11/00)

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:** Linda Graves Fouke Linda Graves Fouke 4/30/01 954-472-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #