

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90090 029 ***150.00

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DOCUMENT # P95000048194

1. Entity Name

TREASURE COAST TANG SOO DO, INC.

Principal Place of Business

1277 OLD DIXIE HWY
 VERO BEACH FL 32960
 US

Mailing Address

650 CRYSTAL MIST AVE
 SEBASTIAN FL 32958

2. Principal Place of Business

3. Mailing Address

6985 29th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Vero Beach, FL.

4. FEI Number

59-3321454

Applied For

Not Applicable

Zip

Country

Zip

Country

32967

U.S.

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CALIFF, BRIAN K
650 CRYSTAL MIST AVE.
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name **CALIFF, BRIAN K**
 Street Address (P.O. Box Number is Not Acceptable) **(New Address)**
6985 29th Ct.
 City **Vero Beach** **FL** Zip Code **32967**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CALIFF, BRIAN 650 CRYSTAL MIST AVE. SEBASTIAN FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CALIFF, BRIAN 6985 29th Ct. VERO BEACH, FL. 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **B K Califf BRIAN K CALIFF** **2/27/02** **561-299-4230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)