

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90973 010 ***150.00

DOCUMENT # P98000107856

1. Entity Name

TREASURE COAST AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address

ST
32958**822 BARBER ST.**
SEBASTIAN FL 32958-4876

2. Principal Place of Business

3. Mailing Address

9010 16th PLACE**9010 16th PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
VERO BEACH, FLORIDACity & State
VERO BEACH, FLORIDA4. FEI Number **65-0897618**

Applied For

Not Applicable

Zip
32966

Country

INDIAN RIVERZip
32966

Country

INDIAN RIVER5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GULYAS, A. CALVIN**822 BARBER ST.****SEBASTIAN FL 32958**

Name

GULYAS, A. CALVIN

Street Address (P.O. Box Number is Not Acceptable)

1104 Friendship DRIVECity
VERO BEACH,

FL

Zip Code
32966

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

A. CALVIN GULYAS **A. Calvin Gulyas****4-27-00**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 State10. 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
PSD
GULYAS, PETER A
822 BARBER ST.
SEBASTIAN FL 32958 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
GULYAS, A. CALVIN
822 BARBER ST.
SEBASTIAN FL 32958 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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:

A. Calvin Gulyas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-27-00**
Date**(61) 569-3800**
Daytime Phone #

CR2E034 (9/93)