

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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ST 32958	Mailing Address 822 BARBER ST. SEBASTIAN FL 32958-4876
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2. Principal Place of Business 9010 16th PLACE Suite, Apt. #, etc.	3. Mailing Address 9010 16th PLACE Suite, Apt. #, etc.
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City & State VERO BEACH, FLORIDA	City & State VERO BEACH, FLORIDA
Zip 32966	Zip 32966
Country INDIAN RIVER	Country INDIAN RIVER

4. FEI Number 65-0897618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GULYAS, A. CALVIN
822 BARBER ST.
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent
 Name **GULYAS, A. CALVIN**
 Street Address (P.O. Box Number is Not Acceptable)
1104 Friendship DRIVE
 City **VERO BEACH,** State **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* DATE **4-27-00**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering.)

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	PSD GULYAS, PETER A 822 BARBER ST. SEBASTIAN FL 32958 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GULYAS, A. CALVIN 822 BARBER ST. SEBASTIAN FL 32958 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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** *A. Calvin Gulyas* DATE **4-27-00** Daytime Phone # **(61) 569-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/97)