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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

567466 **DOCUMENT #**

1. Entity Name

THE TREASURE SHIP, INC.



					_	WE TELD	1				
Principal Place of Business 3605 THOMAS DRIVE PANAMA CITY FL 32408		3605	Mailing Address 3605 THOMAS DRIVE PANAMA CITY FL 32408								
2. Principal F	Place of Busine	SS	3. Ma	iling Address	· · · · · · · · · · · · · · · · · · ·		- 111				
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			1					
05110; 7 pt.			Suit					☐ CHECK HEF	RE IF MAKIN	IG CHANGES	S
City & State		City	City & State			4. FEI Number 59-1811032				Applied For Not Applicable	
Zip		Country	Zip		Country		5. Certifica	ate of Status Desired	q 🗆	\$8.75 Ac Fee Requir	dditional red
	6. Name a	nd Address of Cui	rrent Registere	ed Agent	-	-	7. Name a	nd Address of Nev	v Registered	f Agent	
001141.55	DANE				Name						
SCHALER					Street	Address (I	P.O. Box Num	ber is Not Acceptal	ble)		
	MAS DRIVE	20				<u> </u>					
PANAMA	CITY FL 3240	18					,				
					City				F		
the obligat	ions of register	ed agent.	ent for the purp	ose of changing its	registerea office	or register	ed agent, or t	ooth, in the State of	Florida, i an	n familiar with	i, and accept
SiGNATURE .	Signature, typed or	printed name of registered	agent and title if app	licable. (NOTI	E: Registered Agent sign	ature required	when reinstating)		DATE	<u> </u>	
After	May 1, 2003	FEE IS \$150.00 Fee will be \$550 forida Departme	0.00		***		I	Election Campaign Trust Fund Contribu			00 May Be ed to Fees
After Make Check	May 1, 2003 Payable to f	Fee will be \$550 Terida Departme	0.00	RS	11.		-		tion.	☐ Adde	d to Fees
After Make Check 10. TITLE NAME STREET ADDRESS	P NOMBERG, 814 6TH AV	Fee will be \$550 Florida Departme OFFICERS WILLIAM ENUE	nt of State	RS Delete	TITLE NAME STREET ADDRESS		-	Trust Fund Contribu	tion.	☐ Adde	d to Fees
After	Payable to F	Fee will be \$550 Florida Departme OFFICERS WILLIAM ENUE	nt of State		TITLE NAME		-	Trust Fund Contribu	tion.	D Adde	RS IN 11
After Make Check 10. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	P NOMBERG, 814 6TH AV	Fee will be \$550 Florida Departme OFFICERS WILLIAM ENUE	nt of State	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-	Trust Fund Contribu	tion.	D DIRECTOR Change	RS IN 11
After Make Check 10. ITTLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	P NOMBERG, 814 6TH AV	Fee will be \$550 Florida Departme OFFICERS WILLIAM ENUE	nt of State AND DIRECTO	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-	-	Trust Fund Contribu	tion.	D DIRECTOR Change	Addition
After Make Check 10. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME VAME VAME VAME VAME VAME VAM	P NOMBERG, 814 6TH AV	Fee will be \$550 Florida Departme OFFICERS WILLIAM ENUE	nt of State AND DIRECTO	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-	Trust Fund Contribu	tion.	D DIRECTOR Change Change	ed to Fees RS IN 11 Additio

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute (i)s report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if (850) 234-8943

FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90819 044 ***150.00

SIGNATURE:

of the corporation or the receiver or to changed, or on an attachment with a