

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752493

1. Entity Name

TREASURE COAST ARCHERS, INC.

Principal Place of Business

1800 PICOS RD
FORT PIERCE FL 34945
US

Mailing Address

410 SW WEST VIRGINIA DR
PORT SAINT LUCIE FL 34983
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0193820

Applied For

Not Applicable

5. 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

ATTEY, SCOTT
410 SW VIRGINIA DRIVE
PORT SAINT LUCIE FL 34983

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

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

Tina Attey
(NOTE: Registered Agent signature required when reinstating)

1-14-02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ATTEY, SCOTT
STREET ADDRESS 410 SW VIRGINIA DRIVE
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME CARR, WAYNE E
STREET ADDRESS 2709 SE HOLLY ST
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ATTEY, TINA
STREET ADDRESS 410 SW VIRGINIA DRIVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HANSEN, DANIEL
STREET ADDRESS 2017 SE VAN KELEFF AVE
CITY-ST-ZIP PT ST LUCIE FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HATFIELD, GARY
STREET ADDRESS 966 LONG FELLOW RD
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott P Attey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 (561) 878-2512
Date Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90081 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)