2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

7704 BASSWOOD DR CHATTANOOGA TN 37416-2455

DOCUMENT # F9700006108

1. Entity Name

---- BASSWOOD DR

HATTONIA TN 37416

SIGNATURE:

Principal Place of Business

TREASURE COAST TOWING, INC.

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 62-1714366 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE 🔀 Delete TITLE mike Koach DAVIS. JOSEPH NAME NAME 704 Basswood Drive STREET ADDRESS 661 SE NORSEMAN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34984 Change TITLE ☐ Delete TITLE MAYNORD, JOHN NAME NAME 7704 BASSWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37416 CITY - ST - ZIP Change Addition ☐ Delete TITLE TITLE Wexler, Eric NAME 7704 BASSWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CHATTANOOGA TN 37416 X Addition Delete TITLE TITLE BADGLEY, JEFFREY I NAME 8503 HILLTOP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OOLTEWAH TN 37363 CITY-ST-ZIP Addition ☐ Change Delete TITLE DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90105 047 ***150.00

Daytime Phone #