

FILED
May 21, 2002 8:00 am
Secretary of State

04-02-2002 90950 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006108

1. Entity Name

TREASURE COAST TOWING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8503 Hilltop Drive3. Mailing Address
8503 Hilltop Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ooltewah, TNCity & State
Ooltewah, TN4. FEI Number
62-1714366Applied For
Not ApplicableZip
37363Country
HamiltonZip
37363Country
Hamilton5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Ave.City
Tallahassee

FL

Zip Code
32301

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 retreating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Ted Dwig
 1337 SW Billmore
 Port St. Lucie, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 D
 Jeffrey I. Badgley
 8503 Hilltop Drive
 Ooltewah, TN 37363

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 VP/S/T
 John Maynard
 8503 Hilltop Drive
 Ooltewah, TN 37363

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 AS
 William Beckley
 8503 Hilltop Drive
 Ooltewah, TN 37363

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John Maynard, Vice President

3/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)