

2002 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # J15221
TREASURE COAST LEASING CORPORATION
Principal Place of Business
144 VISTA ROYALE SQ.
VERO BEACH FL 32962-3057
Mailing Address
144 VISTA ROYALE SQ.
VERO BEACH FL 32962-3057
2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Zip
Zip
Country
4. FEI Number **59-2683130** **Applied For**
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Name and Address of Current Registered Agent
BARRY HOLM
144 VISTA ROYALE SQUARE
VERO BEACH FL 32962
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
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE
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, 2002 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
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE **PD** **Delete**
NAME **HOLM, BARRY W.N.**
STREET ADDRESS **4780 PEBBLE BAY CIRCLE**
CITY-ST-ZIP **VERO BEACH FL**
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
TITLE **Delete**
NAME
STREET ADDRESS
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CITY-ST-ZIP
TITLE **Change** **Addition**
NAME
STREET ADDRESS
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.
SIGNATURE: *BARRY W.N. HOLM* PRESIDENT 1-4-02 561-569-3420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #
**012801
AV**

DO NOT WRITE IN THIS SPACE
CR2E034 (9/01)