2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # M79977** May 17, 2000 8:00 am 1. Entity Name TREASURE COAST MARINE, INC. Secretary of State 05-17-2000 90922 025 ***150.00 Principal Place of Business Mailing Address 2029 S.W. TALBOT PLACE 2029 S.W. TALBOT PLACE STUART FL 34997-5692 STUART FL 34997 2. Principal Place of Business 3. Mailing Address SAN MIGUEL COURT SAN MIGUEL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0122646 FLORIDA Not Applicable PALM_COAST \$8.75 Additional 5. Certificate of Status Desired U.3 A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GORDON LINDA m. GORDON, CLIFFORD E. Street Address (P.O. Box Number is Not Acceptable) 4571 SW BRANCH TERR PALM CITY FL 34990 AN MIGUEL COURT Zip Code 32/37 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 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 Tax filing requirement and elects to do so., After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE Change ∠_Addition **▼** Delete TITLE GORDON, CLIFFORD E. KINDA M. GORDON NAME NAME STREET ADDRESS 5 SAN MIGUEL COURT STREET ADDRESS 4571 SW BRANCH TERR W. CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 PALM COAST, FLORIDA 32137 ☐ Addition ■ Delete ☐ Change TITLE GORDON, CLIFFORD E. NAME STREET ADDRESS 4571 SW BRANCH TERR W. STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F 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

LINDA M. GORDON