2000 UNIFORM BUSINESS RENDERED N277810 ⊃OČUMENT# FILED i≢ Entity Name TREASURE COAST MACINTOSH. 00 APR 10 PM 3: 05 USERS GROUP, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address rincipal Place of Business 2. Principal Place of Business 3. Mailing Address PO BOX 2718 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State
STUART FL 4. FEI Number Applied For City & State 65-0072599 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dorothy T. Wharton Street Address (P.O. Box Number is Not Acceptable) 3511 SE Fairway West Stuart FL 34997 City 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. Dirathy 2. Wharton
nature, typed or printed frame of registered agent and litle if applicable. 3 - ス ユ - *00* (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00- (1-25 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. (See criteria on back) Make Check Payable to Department of State President OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/99 Delete D TITLE ☐ Change Addition TITLE Chris Procise NAME NAME 3302 Inlet Harbor Ter. STREET ADDRESS STREET ADDRESS Stuart FL 34996 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete ` Vice President 400003217454--8 -04/20/00--01105--001 NAME NAME Mark Weinberg STREET ADDRESS STREET ADDRESS 5803 Balsom Dr. Fort Pierce FL 34982 CITY-ST-7/P *****61.25 *****61.25 CITY-ST-ZIP Secretary Kathy Florienty 1292 Madison Are ☐ Change TITLE ☐ Delete -NAME STREET ADDRESS STREET ADDRESS Stuart FL 34996 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete ↓ TITLE NAME Dorothy Wharton 3511 S.E. Fairway W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Strart FL 34997 CITY-ST-ZIP Delete \mathcal{V} ☐ Change Addition Director Mike Procise 3302 Inlet Harbor Ter. NAME STREET ADDRESS STREET ADDRESS Stuart FL 34996 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE Director NAME Fred Ullarch 2950 SE Ocean Bird -A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: Dorothy T. Wharton Dorothy T. Wharton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR