

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90032 044 ***150.00

0487017

DOCUMENT # P00000026255

1. Entity Name

TREASURE COAST BOAT WORKS, INC.

Principal Place of Business

2506 FAIRWAY DR.
 VERO BEACH FL 32960

Mailing Address

2506 FAIRWAY DR.
 VERO BEACH FL 32960

00032357

2. Principal Place of Business

1011 Royal Palm Blvd
 Suite, Apt. #, etc.
 # B3

3. Mailing Address

P.O. Box 672
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

65-0990194

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

32961

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIG, ANNE M
 2506 FAIRWAY DR.
 VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

ELLIG, ANNE M.

Street Address (P.O. Box Number is Not Acceptable)

1011 ROYAL PALM BLVD, B3

City

VERO BEACH

FL

Zip Code

32960

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

Anne M. Ellig

Anne M. Ellig

4/4/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

TITLE D
 NAME ELLIG, PAUL M
 STREET ADDRESS 2506 FAIRWAY DR.
 CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE D
 NAME ELLIG, ANNE M
 STREET ADDRESS 2506 FAIRWAY DR.
 CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Anne M. Ellig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne M. Ellig 4/4/01 561-569-1016
 Date Daytime Phone #

CR2E034 (10/00)