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2002 Uniform Business Report (UBR)

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # P00000026255 1. Entity Name -07-2002 90082 019 ***150 00 TREASURE COAST BOAT WORKS, INC. Principal Place of Business Mailing Address 1011 ROYAL PALM BLVD P.O BOX 672 #B3 VERO BEACH FL 32961 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State U5-099019485-0790194 Not Applicable Zip \$8.75 Additional Country - Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 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 VERO BEACH FL 32960 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE PRESIDENT ☐ Addition CR2E034 (9/01 TITLE ☐ Delete ELLIGIPAUL M NAME ELLIG, PAUL M NAME 1011 ROYAL PALM BLUD, B3 STREET ADDRESS 2506 FAIRWAY DR. STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32960 ☐ Addition TITLE ☐ Delete TITLE SECRETARU NAME ELLIG, ANNE M NAME ANNE ELLIG ROYAL PALM BLUD, B3 STREET ADDRESS STREET ADDRESS 2506 FAIRWAY DR. CITY-ST-ZIP: --CITY-ST-ZIP BEACH, FL 32960 VERO BEACH FL 32960 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered. Anne M