

9/14/01-90030-032-\$550.00-\$550.00

### 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P00000026994**

1. Entity Name  
**TREASURE COAST ATM, INC.**

Principal Place of Business: 1457 SE HOLLY WAY, PALM CITY FL 34990  
Mailing Address: 1457 SE HOLLY WAY, PALM CITY FL 34990

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country: Zip: Country:

**FILED**  
01 OCT 12 PM 4: 21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number: **650-99-66-33** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required:

6. Name and Address of Current Registered Agent: **IACOVONE, THOMAS 1457 SE HOLLY WAY PALM CITY FL 34990**

7. Name and Address of New Registered Agent: 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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 NAME: <b>PRESIDENT/Treasurer</b> STREET ADDRESS: <b>Thomas Iacovone 1457 SW Sea Holly Way Palm City FL 34990</b>	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: <b>V. President / Secretary</b> STREET ADDRESS: <b>Gina Iacovone 1457 SW Sea Holly Way Palm City FL 34990</b>	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED** *[Signature]* Date: **9-9-01** Telephone: **1-561-781-0452**

UBR-2001-10 CR2E034 (5/01)