

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90269 026 \*\*\*150.00

**DOCUMENT # P00000071778**

1. Entity Name

**CUSTOM THREADS OF THE TREASURE COAST, INC.**

Principal Place of Business

2317 N.E. CENTER CIRCLE  
 JENSEN BEACH FL 34957

Mailing Address

2317 N.E. CENTER CIRCLE  
 JENSEN BEACH FL 34957

2. Principal Place of Business

2317 NE Center Circle

Suite, Apt. #, etc.

Jensen Beach

City & State

Fla.

Zip 34957

Country MARTIN

3. Mailing Address

2317 NE Center Circle

Suite, Apt. #, etc.

Jensen Beach

City & State

Fla.

Zip 34957

Country MARTIN



DO NOT WRITE IN THIS SPACE

4. FEI Number

051034112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PECK, LILLIAN  
 2317 N.E. CENTER CIRCLE  
 JENSEN BEACH FL 34957

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

*Lillian Peck*

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

(NOTE: Registered Agent signature required when reinstating)

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 **Owner OPERATOR** ☐ Delete  
 NAME **Lillian Peck**  
 STREET ADDRESS **2317 NE Center Circle**  
 CITY-ST-ZIP **Jensen Beach, Fla. 34957**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE:

*Lillian Peck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 25, 2001*

Date

Daytime Phone #

CR2034 (10/00)