

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0606373 AV

DOCUMENT # P00000071778

1. Entity Name
CUSTOM THREADS OF THE TREASURE COAST, INC.



FILED

04 MAY -3 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 N.E. Center Circle
Suite, Apt. #, etc.
Jensen Beach #

3. Mailing Address
2317 NE Center Circle
Suite, Apt. #, etc.

City & State
Florida

City & State
Jensen Beach, Fla.

Zip
34957

Country
MARTIN

Zip
34957

Country
MARTIN

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1034112

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lillian C. Peck* **DATE** April 26, 2004

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE 00	<input type="checkbox"/> Delete
NAME PECK, LILLIAN	
STREET ADDRESS 2317 NE-CENTER CIR.	
CITY-ST-ZIP JENSEN BEACH FL 34957	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600036193056
05/12/04--01033--012 **150.00

7/28/03

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian C. Peck* **SIGNATURE REQUIRED** *April 26, 2004 (772) 334-3435*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)