

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90108 040 ***150.00

DOCUMENT # P00000087084

1. Entity Name

TREASURE COAST EXPORTS, INC.

Principal Place of Business

141 SE CALMOSO DRIVE
PORT ST LUCIE FL 34983

Mailing Address

~~141 SE CALMOSO DRIVE~~
~~PORT ST LUCIE FL 34983~~
PO BOX 880811
PORT ST. LUCIE, FL 34988-0811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 880811

City & State

City & State

Port St. Lucie, FL

Zip

Country

Zip

Country

34988-0811

4. FEI Number

65-1040550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, STEVE
141 SE CALMOSO DRIVE
PORT ST LUCIE FL 34983

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	Schmidt, Steve	141 SE Calmosa Dr	Port St. Lucie, FL 34983		
VP	George Riccio	2181 Burlington St	Port St. Lucie, FL 34984		

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: George Riccio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01
Date

561-340-0488
Daytime Phone #