2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000057745

Entity Name: TREASURE COAST INTIMIDATORS, INC.

Current Principal Place of Business:

3650 S 25TH STREET
FT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

3650 S 25TH STREET
FT PIERCE, FL 34981

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EHRHARD, ROBERT R
3650 S 25TH STREET
FT PIERCE, FL 34981 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EHRHARD, ROBERT R
Address: 3650 S 25TH STREET
City-St-Zip: FT PIERCE, FL 34981

Title: D ( ) Delete
Name: MCUEN, GUY C
Address: 2481 SE DOGWOOD AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: EHRHARD, DEBRA Y
Address: 3650 S 25TH STREET
City-St-Zip: FT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MCUEN, GUY C DELETE
Address: 2481 SE DOGWOOD AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R. EHRHARD D 04/17/2002
Electronic Signature of Signing Officer or Director Date