

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 30 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000068439

1. Entity Name

Treasure Bay Properties, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13550 Grand Island

Shores Rd
Suite, Apt. #, etc.

3. Mailing Address
13550 Grand Island

Shores Rd
Suite, Apt. #, etc.

City & State

Grand Island, FL.

City & State

Grand Island, FL.

4. FEI Number

593736458

Applied For

Not Applicable

Zip

32735

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jack G. Rouse

Street Address (P.O. Box Number is Not Acceptable)

13550 Grand Island Shores Rd.

City

Grand Island

FL

Zip Code
32735

**DO NOT WRITE
IN THIS SPACE**

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 *X*

Signature of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consulting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
Jack G. Rouse
13550 Grand Island Shores Rd.
Grand Island, FL 32735

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500024291115
10/30/03--01055--013 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
Janet H. Rouse
13550 Grand Island Shores Rd
Grand Island, FL 32735

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jack G. Rouse *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

c/o 352-589-1414

Daytime Phone #

CR2E034B (12/02)