

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90085 034 ***150.00

DOCUMENT # P01000073905

1. Entity Name
TREASURE COAST DRAFTING, INC.

Principal Place of Business
2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR
STUART FL 34994

Mailing Address
2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR
STUART FL 34994

2. Principal Place of Business
1807 SW 5 MACEDO BLVD
 Suite, Apt. #, etc.

3. Mailing Address
1807 SW 5 MACEDO BLVD
 Suite, Apt. #, etc.

City & State
PORT ST LUCIE, FL
Zip
34984

City & State
PORT ST LUCIE, FL
Zip
34984

4. FEI Number
65-1130946

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

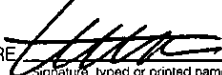
6. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P
2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR
STUART FL 34994

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  **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ **Delete**
NAME **WILLIAM H. MCQUILLAN JR**
STREET ADDRESS **3851 SW RUARK ST**
CITY-ST-ZIP **PSL FL 34953**

TITLE **VICE PRESIDENT** ☐ **Delete**
NAME **LAWRENCE A. BRIANS**
STREET ADDRESS **1995 SE GIPPO ROAD**
CITY-ST-ZIP **PSL FL 34952**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ **Change** ☐ **Addition**
NAME **WILLIAM H MCQUILLAN JR**
STREET ADDRESS **3851 SW RUARK STREET**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE **VICE PRESIDENT** ☐ **Change** ☐ **Addition**
NAME **LARRY BRIANS**
STREET ADDRESS **1995 SE GIPPO ROAD**
CITY-ST-ZIP **PORT ST LUCIE, FL 34952**

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**
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/31/02 **301 260 3461**
Date **Daytime Phone #**

CR2E034 (9/01)