

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91384 013 ***150.00

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DOCUMENT # P02000004980

1. Entity Name
TREASURE COAST CLEANING & MAINTENANCE, INC.



Principal Place of Business
507 S. 8TH STREET
FT PIERCE FL 34960

Mailing Address
507 S. 8TH STREET
FT PIERCE FL 34960



2. Principal Place of Business

627 NW Stanford LN

3. Mailing Address

627 NW Stanford LN

☐ CHECK HERE IF MAKING CHANGES

City & State

Pt. St. Lucie FL

City & State

Pt. St. Lucie FL

4. FEI Number

01-0572856

Applied For

Not Applicable

Zip
34983

Country

USA

Zip
34983

Country

USA

5. Certificate of Status Desired.

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JAMES, CHARLENE M
507 S 8TH STREET
FT PIERCE FL 34960

7. Name and Address of New Registered Agent

Name
Charlene M. Amatrudi

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

627 NW Stanford LN

City
Pt. St. Lucie

FL

Zip Code
34983

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 **Charlene M. Amatrudi**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-23-03

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
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. JAMES, CHARLENE M 507 S 8TH STREET FT PIERCE FL 34960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMATRUDI, ANTHONY M 627 NW STANFORD LANE PORT ST LUCIE FL 34963	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Amatrudi, Charlene M. 627 NW Stanford LN. Pt St. Lucie FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Charlene M. Amatrudi**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlene M. Amatrudi
Date **5-23-03**
Daytime Phone # **772-370-6468**

CR2E034 (10/02)