

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90137 028 ***150.00

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DOCUMENT # P02000053215

1. Entity Name
TREASURE COAST MARINE CONSTRUCTION, INC.



Principal Place of Business
2451 SE DIXIE HIGHWAY
STUART FL 34997

Mailing Address
2451 SE DIXIE HIGHWAY
STUART FL 34997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0551422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name **A1A REGISTERED AGENT INC.**

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

25 SE 2ND AVENUE SUITE 1036

City **MIAMI**

FL

Zip Code **33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PAUL SMITH, VICE PRESIDENT **04-30-03**

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 **DP** ☐ Delete
NAME **PAINE, BRENT**
STREET ADDRESS **4590 SE QUAIL TRAIL**
CITY-ST-ZIP **STUART FL 34997**

TITLE **DV** ☐ Delete
NAME **BARTER, ERIC**
STREET ADDRESS **1050 SW PROVINCETOWN LANE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE **D** ☐ Delete
NAME **PAINE, SHYAH**
STREET ADDRESS **4590 SE QUAIL TRAIL**
CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE **DV** ☐ Delete
NAME **UMBACH, WILLIAM**
STREET ADDRESS **6009 PALM DRIVE**
CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUEST PAINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-463-0459

CR2E034 (10/02)