


10079872

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000087770 1. Entity Name TREASURE COAST AUTO REPAIRS, INC.			
Principal Place of Business 1806 SW BILTMORE ST PORT ST LUCIE, FL 34984		Mailing Address 1806 SW BILTMORE ST PORT ST LUCIE, FL 34984	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
4. FEI number 20-0001228		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAZZONI, FRANK 1806 SW BILTMORE ST PORT ST LUCIE, FL 34984		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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. I am furnished with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
[Signature]		[Date]	
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MAZZONI, FRANK 1806 SW BILTMORE ST PORT ST LUCIE, FL 34984	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"/> Delete D DISORA, RENEE 1806 SW BILTMORE ST PORT ST LUCIE, FL 34984	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"/> Delete	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"/> Delete	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"/> Delete	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 190.07(2)(c), Florida Statutes. I further certify that the information provided on this report of supplementary registration 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 of assets; that I prepared this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attached page an address, with or without the empowered.			
SIGNATURE:		4-17-03 772-873-9471	

CREC004 (10/02)