

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


FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90524 042 ***150.00

NS01192 AV

DOCUMENT # P02000100242

1. Entity Name
TREASURE COAST INVESTMENT GROUP, INC.



Principal Place of Business
**702 SW MCCrackEN AVE.
PORT ST. LUCIE FL 34952
US**

Mailing Address
**702 SW MCCrackEN AVE.
PORT ST. LUCIE FL 34952
US**

90011759



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MARTINEZ, MYRA A
702 SW MCCrackEN AVE.
PORT ST. LUCIE FL 34952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, MYRA A	
STREET ADDRESS	702 MCCrackEN AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHEVERS, KEVIN/SELMA	
STREET ADDRESS	10308 SO. FEDERAL HWAY.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	S	<input type="checkbox"/> Delete
NAME	DANALUK, LORETTA	
STREET ADDRESS	18505 TRANQUILITY BASE LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34987	
TITLE	T	<input type="checkbox"/> Delete
NAME	DANALUK, NICHOLAS JR.	
STREET ADDRESS	8921 NW 53 ST.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Myra A. Martinez (MYRA A. MARTINEZ) 1/24/03 (772) 879-2298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)