

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90222 038 \*\*\*150.00

**DOCUMENT # P02000122156**

1. Entity Name  
**TREASURE CAMP TRADING POST, INC.**



Principal Place of Business  
**15249 NW 46TH LANE  
CHIEFLAND FL 32626**

Mailing Address  
**P.O. BOX 421  
LABELLE FL 33975**



2. Principal Place of Business

3. Mailing Address  
**15249 NW 46th LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CHIEFLAND, FL**

4. FEI Number  
**32-0042297**

Applied For  
Not Applicable

Zip

Country

Zip  
**32626**

Country

**Levy**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, WALTER E JR  
15249 NW 46TH LANE  
CHIEFLAND FL 32626**

Name  
**NAOMI L. Quillen**

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

**15249 NW 46th LN**

City  
**CHIEFLAND**

FL

Zip Code  
**32626**

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 **Naomi Quillen**

(NOTE: Registered Agent signature required when reinstating)

DATE **2/24/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, WALTER E JR</b> <b>15249 NW 46TH LANE</b> <b>CHIEFLAND FL 32626</b>	<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
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	<b>D</b> <b>NAOMI L. Quillen</b> <b>15249 N.W. 46th LN,</b> <b>CHIEFLAND, FL 32626</b>	<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
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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: **Naomi Quillen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/24/03** 32-493-2950

Daytime Phone #

CR2E034 (10/02)