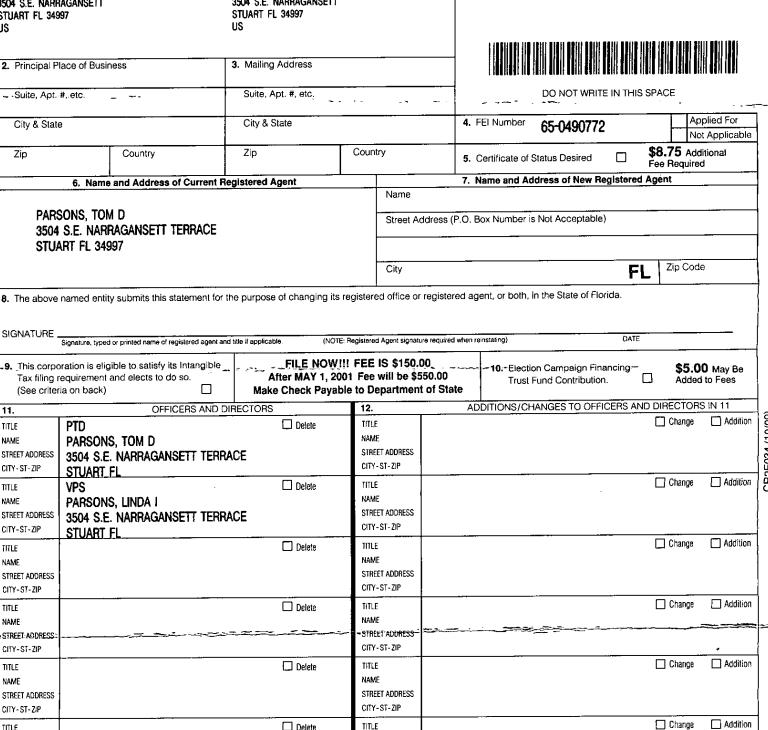
## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000029950 1. Entity Name TREASURE COAST DISTRIBUTING, INC. 04-03-2001 90016 008 \*\*\*150.00 Mailing Address Principal Place of Business 3504 S.E. NARRAGANSETT 3504 S.E. NARRAGANSETT STUART FL 34997 STUART FL 34997 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE - Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0490772 Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARSONS, TOM D Street Address (P.O. Box Number is Not Acceptable) 3504 S.E. NARRAGANSETT TERRACE STUART FL 34997 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible 10:-Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE PTD TITLE NAME PARSONS, TOM D NAME STREET ADDRESS STREET ADDRESS 3504 S.E. NARRAGANSETT TERRACE CITY-ST-ZIP CITY-ST-ZIP STUART\_FL ☐ Change ☐ Delete TITLE TITLE **VPS** NAME NAME PARSONS, LINDA I STREET ADDRESS STREET ADDRESS

## Apr 03, 2001 8:00 am Secretary of State



13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

OF SIGNING OFFICER OR DIRECTOR