

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90322 043 \*\*\*150.00

**DOCUMENT # P94000066192**

1. Entity Name

**TREASURE COAST FASTENERS, INC.**



Principal Place of Business

**3104 INDUSTRIAL AVE. 3  
FT. PIERCE FL 34946  
US**

Mailing Address

**3104 INDUSTRIAL AVE. 3  
FT. PIERCE FL 34946  
US**

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 **65-0521107**

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

**DEES, LINDSEY  
3261 SW WATER EDGE WAY  
PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name

**JOHN DEES**

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

**3261 S.W. WATER EDGE WAY**

City

**PALM CITY**

FL

Zip Code

**34990**

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]*

**JOHN DEES, PRESIDENT**

**1/23/03**

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  
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: **D** ☐ Delete  
NAME: **DEES, JOHN E JR**  
STREET ADDRESS: **3261 SW WATER EDGE WAY**  
CITY-ST-ZIP: **PALM CITY FL 34990**

TITLE: **V** ☐ Delete  
NAME: **DEES, MICHAEL J**  
STREET ADDRESS: **3261 SW WATER EDGE WAY**  
CITY-ST-ZIP: **PALM CITY FL 34990**

TITLE: **ST** ☐ Delete  
NAME: **DEES, STEPHEN J**  
STREET ADDRESS: **3261 SW WATER EDGE WAY**  
CITY-ST-ZIP: **PALM CITY FL 34990**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE: ☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/03**

Date

Daytime Phone #

CR2E034 (10/02)