

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90022 009 ***150.00

DOCUMENT # P94000077980

1. Entity Name

TRESOR CORPORATION

Principal Place of Business

Mailing Address

**7446 SOUTH U.S. HIGHWAY 1
 PORT ST. LUCIE FL 34952**

**7446 SOUTH U.S. HIGHWAY 1
 PORT ST. LUCIE FL 34952-1417**

2. Principal Place of Business

3. Mailing Address

7135 S US HIGHWAY 1

7135 S. US HIGHWAY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

65-0544361

Applied For

Not Applicable

Zip

Country

34952

ST. LUCIE

Zip

Country

34952

ST. LUCIE

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAPIN, RALPH
 7446 SOUTH U.S. HIGHWAY 1
 PORT ST. LUCIE FL 34952**

Name

CHAPIN, RALPH

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

7135 S US HIGHWAY 1

City

PORT ST. LUCIE

FL

Zip Code

34952

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 *Ralph Chapin* **RALPH CHAPIN, TREASURER** **6 APR 00**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPIN, RALPH	NAME	
STREET ADDRESS	7446 SOUTH U.S. HIGHWAY 1	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPIN, GABRIELE O	NAME	
STREET ADDRESS	7446 SOUTH US HIGHWAY 1	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: *Ralph Chapin* **RALPH CHAPIN, TREASURER** **6 APR 00** **561-340-0477**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/99)