FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P95000059269 TREASURE COAST PAYPHONE, INC. 04-27-2001 90231 024 ***150.00 Principal Place of Business Mailing Address 6581 SE BALTUSROL TERRACE 6581 SE BALTUSROL TERRACE STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address 3251 SW Port St. Lucie Blue 3251 SW Port St. Lucie Blad Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Port St. Lucie Port St. Lucie, 4. FEI Number Applied For 65-0597502 FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired St. Lucie Fee Required 6. Name and Address of Current Registered Agent 🧸 🗢 7. Name and Address of New Registered Agent PIERCE, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 6581 SE BALTUSROL TERRACE STUART FL 34997 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Delete TITLE PIERCE, VIRGINIA P NAME NAME 3251 SW Port St. Lucie Blud STREET ADDRESS 6581 SE BALTUSROL TERR. STREET ADDRESS Port St. Lucie, FL. 34953 CITY-ST-ZIP CITY-ST-7IP STUART FL 34997 ☐ Delete TITLE TITLE PIERCE, JOSEPH NAME NAME 3251 SW Port St. Lucie Blug Port St Lucio, FL 3495 STREET ADDRESS STREET ADDRESS 6581 SE BALTUSROL TERR. CITY-ST-ZIP CITY-ST-71P STUART FL 34997 TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.