2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90114 036 ***150.00

DOCUMENT # P95000075302

1. Entity Name

TREASURE COAST LAWN EQUIPMENT SALES & SERVICE, I

Principal Place of Business	Mailing Address
1658 SW BILTMORE ST PT ST LUCIE FL 34984	1658 SW BILTMORE ST PT ST LUCIE FL 34984-3414

DO NOT WRITE IN THIS SPACE

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 65-0612678 ☐ Applied For ☐ Not Applicable

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
Angelotti ~~GODDIN,~~ MICHELLE ~~2018 SOUTH 10TH STREET~~ 6135 NW Nolia Ct ~~APT. D~~ ~~FT PIERCE FL 34950~~ Pt St Lucie FL 34984	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ~~GODDIN,~~ MICHELLE ~~2018 S. 10TH STREET #D~~ ~~FT. PIERCE FL 34950~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Michelle Angelotti 6135 NW Nolia Ct Pt St Lucie FL 34984	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGELOTTI, KEITH ~~1658 SW BILTMORE ST.~~ ~~PORT ST. LUCIE FL 34954~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Keith Angelotti 6135 NW Nolia Ct. Pt St Lucie FL 34984	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Michelle Angelotti 4/11/00 561-336-5526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #