FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 91011 018 ***150.00

DOCUMENT # P95000075302

1. Entity Name
Treasure Coast Lawn Equipment Sales Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1802 Bayshore Blvd
Suite, Apt. #, etc.
City & State
Port St Lucie FL
Zip 34984 Country U.S.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0612678
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Keith Angelotti
Street Address (P.O. Box Number is Not Acceptable):
6135 NW Noma Court
Port St Lucie FL 34984
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Secretary
NAME	Miller. Steve Delete
STREET ADDRESS	6333 Scepter
CITY-ST-ZIP	Port St Lucie FL 34953
TITLE	Treasurer
NAME	JACK, Richard Delete
STREET ADDRESS	226 SW Pagoda
CITY-ST-ZIP	Port St Lucie FL 34953
TITLE	President
NAME	Michele Angelotti Add
STREET ADDRESS	6135 NW Noma Court
CITY-ST-ZIP	Port St Lucie FL 34984
TITLE	Vice-President
NAME	Keith Angelotti Add
STREET ADDRESS	6135 NW Noma Court
CITY-ST-ZIP	Port St Lucie FL 34984
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/28/03 X772-828-1241
Date Daytime Phone #