

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021776

1. Entity Name

TREASURE COAST CONSULTING, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90045 021 \*\*\*150.00

Principal Place of Business

3427 S.W. SUNSET TRACE CIRCLE  
PALM CITY FL 34990

Mailing Address

P O BOX 103  
PALM CITY FL 34991-0103

80006980



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3106 SW SOLITAIRE PALM DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY FL

City & State

4. FEI Number 65-0660804

Applied For

Not Applicable

Zip

34990

Country

Zip

Country

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

KINCAID, BRIAN P  
3427 S.W. SUNSET TRACE CIRCLE  
PALM CITY FL 34990

Name

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

3106 SW SOLITAIRE PALM DRIVE

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

BRIAN P. KINCAID

1-18-2000

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 PVST ☐ Delete  
NAME KINCAID, BRIAN P  
STREET ADDRESS 3427 S.W. SUNSET TRACE CIRCLE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☒ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS 3106 SW SOLITAIRE PALM DRIVE  
CITY-ST-ZIP ☐ Change ☐ Add

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN P. KINCAID

1-18-2000

Date

561-286-9341

Daytime Phone #