2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027165

1. Entity Name

TREASURE COAST SPORTS, INC.

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

01-25-2000 90069 049 ***150.00

Principal Place of Business 1991 S.E. ERWIN RD. PORT ST. LUCIE FL 34952 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address	Mailing Address 1991 S.E. ERWIN RD. PORT ST. LUCIE FL 34952-5537						
						PAATAPAS			
		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc. City & State						
		Suite, Apt. #, etc.			4. FEI Number 65-0658153 Applied For Not Applie				
		City & State							
Zip	Country	Zip	Country	5. Ce	ertificate of Status Desire	ed 🗆	\$8.75 Ad Fee Require		
	6. Name and Address of Cur	rrent Registered Agent	<u> </u>	7. Na	me and Address of Ne	w Registered	Agent		
		Same of the same o	Name		والمناء المساوي	~			
1991	A, DOLORES S.E. ERWIN RD.		Street Addre	ss (P.O. Box	Number is Not Accepta	able)			
PORT ST. LUCIE FL 34952			City			FL	Zip Cod	 le	
	Signature, typed or printed name of registered	d agent and title if applicable. (NO	OTE; Registered Agent signature red	uired when reins	stating)	DATE			
Tax filing re	ration is eligible to satisfy its Intan equirement and elects to do so. ia on back)	After MAY 1, 2	V!!! FEE IS \$150.00 2000 Fee will be \$550.0		10. Election Campaign Trust Fund Contribu)0 May Be d to Fees	
Tax filing re (See criteri	equirement and elects to do so. ia on back)	After MAY 1,2 Make Check Paya	2000 Fee will be \$550.0 able to Department of	State	Trust Fund Contribu	ution.	Adde	d to Fees	
Tax filing re (See criterion) 11. TITLE NAME STREET ADDRESS	opuirement and elects to do so. ia on back) OFFICERS PSD GABA, DOLORES 1991 S.E. ERWIN RD.	After MAY 1, 2	2000 Fee will be \$550.0	State		ution.	Adde	d to Fees	
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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: _1