

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90040 036 \*\*\*150.00

0669596 AB

**DOCUMENT # P96000058527**

**1. Entity Name**  
**TREASURE COAST INVESTMENTS OF SOUTH FLORIDA, INC**



**Principal Place of Business**  
**95 MERRICK WAY**  
**SUITE 505**  
**MIAMI FL 33134**  
**US**

**Mailing Address**  
**P.O. BOX 2112**  
**DILLON CO 88495**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

**P.O. Box 22137**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MESA, AZ**

**4. FEI Number 65-0698880**

Applied For

Not Applicable

Zip

Country

Zip

Country

**85277**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WOOD, HAYES G**  
**95 MERRICK WAY**  
**SUITE 505**  
**CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**DVS**  
**WOOD, HAYES G**  
**95 MERRICK WAY, STE 505**  
**CORAL GABLES FL 33134**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**DPT**  
**KISH, MICHAEL**  
**14040 HARBOR LANE**  
**PALM BEACH GARDENS FL 33410**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
☒ Change ☐ Addition  
**P.O. Box 22137**  
**MESA, AZ 85277-2137**

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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 Block 11 if changed, or on an attachment with an address, with all other I am empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/7/2003 480-361-2897**

Date

Daytime Phone #

CR2E034 (10/02)