

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071788

1. Entity Name

TREASURE COAST PROPELLERS, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90029 022 ***150.00

Principal Place of Business

Mailing Address

3006 SE WRALER ST
STUART FL 34997
US

3006 SE WRALER ST
STUART FL 34997-5937
US

2. Principal Place of Business

3006 SE WAALER ST

3. Mailing Address

3006 SE WAALER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART, FL 34997

City & State

STUART FL 34997

4. FEI Number

62-1649967

Applied For

Not Applicable

Zip

Country

34997

MARTIN

Zip

Country

34997

MARTIN

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

JARRETT, CLARENCE H
3006 SE WAALER ST
STUART FL 34997

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

Clarence H. Jarrett

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

(NOTE: Registered Agent signature required when reinstating)

4-29-00

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 PS
NAME JARRETT, CLARENCE H
STREET ADDRESS 3006 SE WAALER ST
CITY-ST-ZIP STUART FL 34997 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Clarence H. Jarrett CLARENCE H. JARRETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-219-0881

CR2E034 (9/99)