

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90057 042 \*\*\*150.00

**DOCUMENT # P96000071788**

1. Entity Name  
**TREASURE COAST PROPELLERS, INC.**



Principal Place of Business  
**3006 SE WAGLER ST  
STUART FL 34997  
US**

Mailing Address  
**3006 SE WAGLER ST  
STUART FL 34997  
US**

**90023109**



2. Principal Place of Business  
**3141 SE SLATER ST**

3. Mailing Address  
**3141 SE SLATER ST**

Suite, Apt. #, etc.  
**STUART FL**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**STUART, FL**

4. FEI Number  
**62-1649967**

Applied For  
Not Applicable

Zip  
**34997**

Country  
**USA**

Zip  
**34997**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**JARRETT, CLARENCE H  
3006 SE WAALER ST  
STUART FL 34997**

## 7. Name and Address of New Registered Agent

Name  
**CLARENCE H JARRETT**

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

**3141 SE SLATER ST**

City  
**STUART**

FL

Zip Code  
**34997**

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 *Clarence H Jarrett*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEB 8, 2003**

**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

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

TITLE  
**V.P.** ☐ Delete  
NAME  
**JEFFREY SPOON**  
STREET ADDRESS  
**3141 SE SLATER ST**  
CITY-ST-ZIP  
**STUART FL 34997**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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

TITLE  
☒ Change ☐ Addition  
NAME  
**3141 SE SLATER ST**  
STREET ADDRESS  
**STUART, FL 34997**  
CITY-ST-ZIP

TITLE  
**V.P.** ☐ Change ☒ Addition  
NAME  
**JEFFREY SPOON**  
STREET ADDRESS  
**3141 SE SLATER ST**  
CITY-ST-ZIP  
**STUART, FL 34997**

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

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

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 like empowered.

SIGNATURE:

*Clarence H Jarrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 8, 2003** 772-219-0881  
Date Daytime Phone #

CR2E034 (10/02)