2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091629 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name TREASURE COAST CURBING & THERMOPLASTICS, INC. 04-11-2000 90226 038 ***150.00 Principal Place of Business Mailing Address 5953 SW RANCHITO ST 5953 SW RANCHITO ST PALM CITY FL 34990-5259 PALM CITY FL 34990 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0706184 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETERS, MARY Street Address (P.O. Box Number is Not Acceptable) 5953 SW RANCHITO ST PALM CITY FL 34990 Ranchito City 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 o (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE PETERS, MARY NAME NAME w, Ranchitost STREET ADDRESS STREET ADDRESS 5953 SW RANCHITO ST m City FL 34990 CITY-ST-ZIP CITY-ST-7IP PALM CITY FL 34990 Change Maddition Delete TITLE TITLE BAILEY, ERIC NAME NAME 5953 SW RANCHITO ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM CITY FL 34990 ۷Ď ☐ Addition Change Delete TITLE QUIRION, TONYA NAME NAME STREET ADDRESS STREET ADDRESS 2085 SW LIBRA LANE CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34984 TITLE Delete Change ■ Addition QUIRION, OVID NAME NAME 2085 SW LIBRA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34984 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED