

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90165 014 ***150.00

DOCUMENT # P97000050655

1. Entity Name
FINANCIAL MANAGEMENT SERVICES (FMS) OF THE TREAS
URE COAST, INC.

Principal Place of Business **Mailing Address**
C/O JOSEPH J. EDGE **C/O JOSEPH J. EDGE**
932 SW BAYSHORE BOULEVARD **932 SW BAYSHORE BOULEVARD**
PORT ST. LUCIE FL 34983 **PORT ST. LUCIE FL 34983**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **65-0757284** **Applied For**
 Not Applicable

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

EDGE, JOSEPH J
932 SW BAYSHORE BOULEVARD
PORT ST. LUCIE FL 34983

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | EDGE, JOSEPH J |
| STREET ADDRESS | 932 SW BAYSHORE BOULEVARD |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34983 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | OLSON, BERNARD |
| STREET ADDRESS | 750 SE HOLLAHAN AVE |
| CITY-ST-ZIP | PSL FL 34983 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | OLSON, WTA |
| STREET ADDRESS | 750 SE HOLLAHAN AVE |
| CITY-ST-ZIP | PSTL FL 34983 |
| TITLE | <input type="checkbox"/> Delete |
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| 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

Daytime Phone #

CR2E034 (9/01)