

P97000098805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

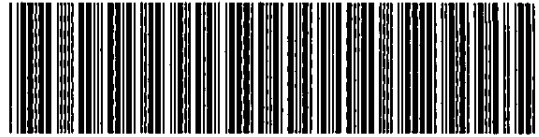
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ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TREASURE COAST MANAGEMENT SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P97000098805

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

KIM E. JOHNSON

(Name of Contact Person)

TREASURE COAST MANAGEMENT SERVICES, INC.

(Firm/Company)

1640 COPENHAVER RD

(Address)

FORT PIERCE, FL 34945

(City/State and Zip Code)

For further information concerning this matter, please call:

KIM E. JOHNSON

(Name of Contact Person)

at (772) 486-4497

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2008

KIM E. JOHNSON
1640 COPENHAVER RD
FORT PIERCE, FL 34945

SUBJECT: TREASURE COAST MANAGEMENT SERVICES, INC.
Ref. Number: P97000098805

We have received your document for TREASURE COAST MANAGEMENT SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 808A00003061

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2008

KIM E. JOHNSON
1640 COPENHAVER RD
FORT PIERCE, FL 34945

SUBJECT: TREASURE COAST MANAGEMENT SERVICES, INC.
Ref. Number: P97000098805

We have received your document for TREASURE COAST MANAGEMENT SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form **MUST BE SIGNED** by an officer of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 808A00003061

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TREASURE COAST MANAGEMENT SERVICES
2. The principal office address: 10010 S FEDERAL HWY STE 6 PORT ST LUCIE, FL 34952
MOVED PLEASE CHANGE TO: 1640 COPENHAVER RD FORT PIERCE, FL 34945
3. The mailing address (if different): 6305 BAYSIDE DR, NEW PORT RICHEY, FL 34652
4. Date of incorporation/qualification: NOV. 17, 1997 Document number: P97000098805

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

JAMES E JOHNSON
6305 BAYSIDE DRIVE
NEW PORT RICHEY, FL 34652

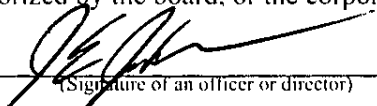
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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

KIM E JOHNSON
1640 COPENHAVER RD
(P.O. Box NOT acceptable)
FORT PIERCE, FL 34945

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

James E Johnson
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*


(Signature of Registered Agent)

2/13/2008
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)