

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90103 008 ***150.00

0609282 AV

DOCUMENT # **P98000039636**



1. Entity Name
TREASURE COAST EARTHWORKS, INC.

Principal Place of Business
P.O. BOX 1164
PALM CITY FL 34991-1164

Mailing Address
P.O. BOX 1164
PALM CITY FL 34991-1164



2. Principal Place of Business
3697 SW Viceroy St.
Suite, Apt. #, etc.

3. Mailing Address
3697 SW Viceroy St.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Port St. Lucie FL

City & State
Port St. Lucie FL

4. FEI Number **65-0831764** Applied For
Not Applicable

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

Zip Country Zip Country
34953 USA 34953 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUDLUM, ANNE-MARIE
3697 S.W. VICEROY STREET
PORT ST. LUCIE FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LUDLUM, ANNE-MARIE P.O. BOX 1164 PALM CITY FL 34991-1164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Anne-Marie Ludlum, Sec./Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04-04-03** Daytime Phone # **772-486-1774**

CR2E034 (10/02)