

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047274

1. Entity Name

TREASURE COAST PROFESSIONAL PROTECTION, INC.

Principal Place of Business

6008 BIRCH DR.
FT. PIERCE FL 34982

Mailing Address

6008 BIRCH DR.
FT. PIERCE FL 34982

2. Principal Place of Business

184 SW West Virginia Dr.
Suite, Apt. #, etc.

3. Mailing Address

184 SW West Virginia Dr.
Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

City & State

PORT ST. LUCIE, FL

Zip

34983

Country

ST LUCIE

Zip

34983

Country

ST. LUCIE

6. Name and Address of Current Registered Agent

ROUSE, MICHAEL W
421 SW DOLORES AVE.
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS BECKER, JOHN R
CITY-ST-ZIP 6008 BIRCH DR.
FT. PIERCE FL 34982

TITLE ☐ Delete
NAME D
STREET ADDRESS ROUSE, MICHAEL W
CITY-ST-ZIP 421 SW DOLORES AVE.
PORT ST. LUCIE FL 34983

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Becker, John R.
CITY-ST-ZIP 184 SW West Virginia Drive
PORT ST LUCIE, FL 34983

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

John R. Becker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
Date

561-971-1888
Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90059 048 ***150.00

961418



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)