

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071214

1. Entity Name

TREASURECOM, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90237 017 \*\*\*150.00

Principal Place of Business

1492 WOODCREST ROAD NORTH  
WEST PALM BEACH FL 33417

Mailing Address

1492 WOODCREST ROAD NORTH  
WEST PALM BEACH FL 33417-5753

2. Principal Place of Business

605 Belvedere RD

Suite, Apt. #, etc.

Suite 16

City & State

West Palm Bch

Zip

Country

33405

USA

3. Mailing Address

605 Belvedere RD

Suite, Apt. #, etc.

Suite 16

City & State

West Palm Bch

Zip

Country

33405

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0858190

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

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD & CEO	<input type="checkbox"/> Delete
NAME	TREASURE, MICHAEL W	
STREET ADDRESS	1492 WOODCREST ROAD NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TREASURE, WITHWORTH W	
STREET ADDRESS	1492 WOODCREST ROAD NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	CH	<input type="checkbox"/> Delete
NAME	BLAZ SURKO	
STREET ADDRESS	605 Belvedere RD, Suite	
CITY-ST-ZIP	16 West Palm Bch FL 33405	
TITLE	Dir	<input type="checkbox"/> Delete
NAME	William Francis	
STREET ADDRESS	605 Belvedere RD, Suite 16	
CITY-ST-ZIP	West Palm Bch FL 33405	
TITLE	Dir	<input type="checkbox"/> Delete
NAME	Lanne Mainhart	
STREET ADDRESS	605 Belvedere RD, Suite 16	
CITY-ST-ZIP	West Palm Bch FL 33405	
TITLE	Dir	<input type="checkbox"/> Delete
NAME	JoAnn Roessler	
STREET ADDRESS	605 Belvedere RD, Suite 16	
CITY-ST-ZIP	West Palm Bch FL 33405	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Treasure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2000

Date

561 346 8111

Daytime Phone #

CR2E034 (9/99)