

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-26-2001 90057 033 ***158.75

DOCUMENT # P99000032925

1. Entity Name

TREASURE COAST COMPUTERS, INC.

Principal Place of Business

Mailing Address

**972 SOUTHWEST PINE TREE LANE
 PALM CITY FL 34990**

**972 SOUTHWEST PINE TREE LANE
 PALM CITY FL 34990**

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

65-0912511

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

STANLEY J. McELROY

Street Address (P.O. Box Number is Not Acceptable)

972 S.W. PINE TREE LANE

PALM CITY

City

FL

Zip Code

34990

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

Stanley J. McElroy **STANLEY J. McELROY, PRESIDENT**

3-31-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCELROY, STANLEY J	
STREET ADDRESS	972 SOUTHWEST PINE TREE LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCELROY, BRENDA J	
STREET ADDRESS	972 SOUTHWEST PINE TREE LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Stanley J. McElroy **STANLEY J. McELROY, PRES.** **3-23-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)