

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039792

1. Entity Name

TREASURE ROCKHOUND LAND, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90189 027 ***158.75

Principal Place of Business

1509 S. FLORIDA AVE., STE. 3
LAKELAND FL 33803

Mailing Address

1509 S. FLORIDA AVE., STE. 3
LAKELAND FL 33807-6130

2. Principal Place of Business

4827 Highlands Pl. Drive
Suite, Apt. #, etc.

3. Mailing Address

4827 Highlands Pl. Drive
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3571047

Applied For

Not Applicable

Zip 33813

Country Polk

Zip 33813

Country Polk

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

MASTROPIETRO, DONALD R
4827 HIGHLANDS PLACE DR.
LAKELAND FL 33813

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 P/S/T/ Director ☐ Delete
NAME Donald R. Mastropietro
STREET ADDRESS 4827 Highlands Place Drive
CITY-ST-ZIP Lakeland, FL 33813

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donald R. Mastropietro 1/10/00 (941) 602-0511

CR2E034 (9/99)