

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
 09-06-2001 90274 036 ***550.00

DOCUMENT # P99000093838

1. Entity Name
TREASURE COAST TRANSPORT, INC.

Principal Place of Business **Mailing Address**
6004 FT. PIERCE BLVD. **P.O. BOX 651102**
FORT PIERCE FL 34951 **VERO BEACH FL 32965-1102**

2. Principal Place of Business **3. Mailing Address**
2862 S. KINGS HIGHWAY **P.O. Box 13417**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
FORT PIERCE FL **Fort Pierce, FL**
Zip **Country** **Zip** **Country**
34945 **ST. LUCIE** **34979** **St. Lucie**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0957853** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

OVERSTREET, J. R
6004 FT. PIERCE BLVD.
FORT PIERCE FL 34951

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 *James R. Overstreet* **8/24/01**
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **OVERSTREET, J. R**
STREET ADDRESS **P.O. BOX 651102**
CITY-ST-ZIP **VERO BEACH FL 32965**

TITLE ☐ **Delete**
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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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: *JAMES R. OVERSTREET* **8/24/01** **561-465-5138**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (5/01)