

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

FROM : PALM GROVE STUDIOS INC FAX NO. : 305 451 2828

05-18-2001 91586 050 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**  
 i. Entity Name **VO7019** **Treasure Harbor Trading Co., Inc.** **A0070318**

Principal Place of Business Mailing Address  
**Treasure Harbor Trading Co.**  
**86729 Old Hwy**  
**Islamorada, FL 33036**

Principal Place of Business Mailing Address  
**Treasure Village**  
**86729 Old Hwy Islamorada**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For  
**Islamorada, FL** **Islamorada, FL** **65-0452637** **Not Applicable**

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
**33036** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**John P. Maas, Esquire**  
**590 English Ave**  
**Homestead, FL 33030**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)  **NO MAY 1, 2001 Fee will be \$550.00** 10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LE ME STREET ADDRESS Y-ST-ZIP <b>President</b> <b>Dennis J. Berry</b> <b>86729 Old Hwy</b> <b>Islamorada, FL 33036</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS 1-ST-ZIP <b>V. Pres. Sec. Tres</b> <b>maria E. Berry</b> <b>86729 Old Hwy</b> <b>Islamorada, FL 33036</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS 1-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS 1-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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LE ME STREET ADDRESS 1-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

305 451 2828