

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 14 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V62180

1. Entity Name

TREASURE COAST TOWING OF MARTIN COUNTY, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business  
8503 Hilltop Drive3. Mailing Address  
8503 Hilltop Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ooltewah, TNCity & State  
Ooltewah, TN4. FEI Number  
65-0372597Applied For  
Not ApplicableZip  
37363Country  
HamiltonZip  
37363Country  
Hamilton5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
NRAI Services, Inc.Street Address (P.O. Box Number is Not Acceptable)  
526 B. Park Ave.City  
Tallahassee FL Zip Code  
32301

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 removing)

DATE

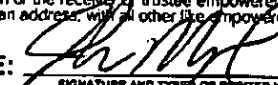
9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|                                                |                                                                     |                                                |  |
|------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Ted Duing<br>1337 SW Biltmore Ct.<br>Ft. St. Lucie, FL 34983        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Jeffrey I. Badgley<br>8503 Hilltop Drive<br>Ooltewah, TN 37363 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/S/T<br>John Maynard<br>8503 Hilltop Drive<br>Ooltewah, TN 37363  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>William Beckley<br>8503 Hilltop Drive<br>Ooltewah, TN 37363   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  John Maynard, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

Employee Printing

CR26034B (12/01)