

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 193253

1. Entity Name

ACOSTA SALES CO., INC.

Principal Place of Business

Mailing Address

6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216
US

6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216-6241
US

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 59-0779947

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

DIAZ, MICHAEL K
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216

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 ☐ Delete
NAME ST
STREET ADDRESS DIAZ, MICHAEL K. CFO
CITY-ST-ZIP 1170 SEMINOLE RD ATLANTIC BCH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6850 BELFORT OAKS PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Delete
NAME VP
STREET ADDRESS WATKINS, JOHN
CITY-ST-ZIP 1101 MILTON HALL PLACE CHARLOTTE NC

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6850 BELFORT OAKS PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Delete
NAME PD
STREET ADDRESS CHARTRAND, GARY
CITY-ST-ZIP 405 OSPREY LOOKOUT CT PONTE VEDRA BCH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6850 BELFORT OAKS PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Delete
NAME EVPD
STREET ADDRESS MCCLUNG, ROGER L
CITY-ST-ZIP 6850 BELFORT OAKS PLACE JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS HILL, ROBERT JR
CITY-ST-ZIP 6850 BELFORT OAKS PLACE JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCARTHY, ROBERT F JR
CITY-ST-ZIP 500 WATERS EDGE OAK CREEK CENTER LOMBARD IL 60148

TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (904) 281-9800
Date Daytime Phone #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90022 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)