

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90033 021 ***150.00

DOCUMENT # 193253

1. Entity Name
ACOSTA SALES CO., INC.

Principal Place of Business
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216
US

Mailing Address
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216
US

2. Principal Place of Business
6630 Southpoint Pkwy
 Suite, Apt. #, etc.

3. Mailing Address
6630 Southpoint Pkwy
 Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-0779947**

Applied For
 Not Applicable

Zip
32216

Country
USA

Zip
32216

Country
USA

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	ST DIAZ, MICHAEL K. CFO 6850 BELFORT OAKS PLACE JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATKINS, JOHN 6850 BELFORT OAKS PL JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARTRAND, GARY 6850 BELFORT OAKS PL JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MCCLUNG, ROGER L 6850 BELFORT OAKS PLACE JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, ROBERT JR 6850 BELFORT OAKS PLACE JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, ROBERT F JR 500 WATERS EDGE OAK CREEK CENTER LOMBARD IL 60148	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	F Ramsey, Sandra 6630 Southpoint Pkwy Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Watkins, John 6630 Southpoint Pkwy Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CFO Chartrand, Gary R. 6630 Southpoint Pkwy Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD McClung, Roger L. 6630 Southpoint Pkwy Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Brink, John W. 6630 Southpoint Pkwy Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Prusiecki, Drew 6630 Southpoint Pkwy Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Sandra A. Ramsey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 904-281-9800

Date Daytime Phone #

CR2E034 (10/00)