

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 300870

1. Entity Name

ATLANTIC & OCEAN, INC.

FILED

02 APR 17 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29 N. OCEAN AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 263146

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

4. FEI Number

59-1158968

Applied For

Not Applicable

Zip

32118

Country

VOLUSIA

Zip

32126-3146

Country

VOLUSIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH D. KROL

Street Address (P.O. Box Number is Not Acceptable)

101 CORSAIR DRIVE

City

DAYTONA BEACH

FL

Zip Code

32114

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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) ☐

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/S/T/D
NAME	FOREST, MICHAEL J.
STREET ADDRESS	105 NORTH HALIFAX AVENUE
CITY - ST - ZIP	DAYTONA BEACH, FL 32118-4250
TITLE	V/D
NAME	FOREST, ANGELINE
STREET ADDRESS	105 NORTH HALIFAX AVENUE
CITY - ST - ZIP	DAYTONA BEACH, FL 32118-4250
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	300005419363--3
CITY - ST - ZIP	-05/02/02--01014--025
TITLE	
NAME	****158.75 ****158.75
STREET ADDRESS	300005419363--3
CITY - ST - ZIP	-05/02/02--01014--026
TITLE	
NAME	****150.00 ****150.00
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J. Forest

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02 252-0227

Date

Daytime Phone #