## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 499650 DOCUMENT #

1. Entity Name

ATLANTIC COAST FIRE EQUIPMENT CO.



**FILED** Aug 04, 2003 8:00 am Secretary of State

08-04-2003 90137 028 \*\*\*150.00

				•		COO WE IT				
Principal Place of Business 3380 N OLD DIXIE HWY DELRAY BCH FL 33483-6247			Mailing Address 3380 N OLD DIXIE HWY DELRAY BCH FL 33483-6247					eren eren eren		
2. Principal Place of Business			3. Mailing Address				<del> </del>		<b>Biri</b> l Biril <b>Bir</b> il	
Suite, Apt. #, etc.			Suite, Apt. #, etc,					☐ CHECK HERE IF MAKIN	G CHANGES	
City & State			City & State			4.	4. FEI Number 59-1746493 Applied For Not Applicable			
Zip		Country	Zip		Coun	try	5.	Certificate of Status Desired	\$8.75 Add	ditional
	6. Name	and Address of Current	Register	ed Agent	<u> </u>	î	7.	Name and Address of New Registered		
CLEVELAI 767 SW 1	ND, DONAL	D E				Name Street Add	ress (P.O. E	Box Number is Not Acceptable)		
PEMBROKE PINES FL 33027							<del></del>	<del></del> -		
						City		FI		
the obligation	tions of regist	y submits this statement to ered agent				ed office or re		gent, or both, in the State of Florida. I am reinstating)  DATE	tamiliar with,	and accept
After Sej Make Check	ptember 10	! FEE IS \$550.00 2003 Fee will be \$750 Florida Department o	f State						☐ Added	<b>0</b> May Be I to Fees
<u> 10.</u>		OFFICERS AND	DIRECTO	RS	11,		A[	ODITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	767 SW 1	ID, DONALD E. 58 TERR IE PINES FL 33027		☐ Delete	1	L.			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	650 SE 21	ID, RICHARD P ID AVE I BCH FL 33435		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	650 SE 21	ID, DARREN E ID AVE I BCH FL 33435	-	- 🖃 Delete 🕒	NAM STRE	E ET ADDRESS -ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- (		,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del>-</del>	☐ Delete	•	1			Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🖊

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## Cochrane & Co.

AHOChment 90148573

Certified Public Accountants of Paragraphy (1994)

2801 Exchange Court West Palm Beach, FL 33409

Telephone (561) 684-9566 Fax (561) 687-3528

July 25, 2003

Division of Corporations Uniform Būsiness Report Filings P.O. Box 1500 Tallahassee, FL: 32302-1500

Re: 2003 Uniform Business Report
Atlantic Coast Fire Equipment Co.
Document # 499650

Gentlemen:

Enclosed please find the above referenced corporation's 2003 Uniform Business Report and a check in the amount of \$150.00 for the annual renewal.

The corporation recently received a second notice requesting payment for this report in the amount of \$550.00. The corporation never received a first notice for this report. They have been a client of ours for more than 10 years and consistently pay all of their bills on time including this report. We are requesting abatement of penalties and acceptance of this payment for \$150.00 based on their payment history.

Thank you for your consideration in this matter.

Sincerely yours,

COCHRANE & CO., P.A.

Enclosures