

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90049 014 ***150.00

03/14/2002 AV

DOCUMENT # 679497

1. Entity Name
ATLANTIC COAST PLATING, INC.

Principal Place of Business

**887 NE 30TH COURT
OAKLAND PARK FL 33334**

Mailing Address

**887 NE 30TH COURT
OAKLAND PARK FL 33334**

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 **59-2014921**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOSTEIN, ARNOLD T P.A.
315 SE 7TH ST
FIRST FLOOR
FT LAUDERDALE FL 33301**

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, 2002 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 **PD** ☐ Delete
NAME **PAPIERSKI, ALFRED**
STREET ADDRESS **4220 N.E. 23RD AVENUE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Papierski, Alfred**
STREET ADDRESS **250 Harrison Rd.**
CITY-ST-ZIP **Madisonville, TN 37354**

TITLE **VP** ☐ Delete
NAME **PAPIERSKI, SANDRA JEAN**
STREET ADDRESS **5316 N.E. 3RD TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **Papierski, Sandra Jean**
STREET ADDRESS **1721 S.W. 5th Ave.**
CITY-ST-ZIP **Pompano, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: Alfred V Papierski Alfred Papierski 2-28-02 954-563-5859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)