

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90006 027 ***150.00

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**

54062624



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2014921

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BLOSTEIN, ARNOLD T P.A.
345 SE 7TH ST - 916 S. ANDREWS AVENUE
FIRST FLOOR - FT. LAUDERDALE, FL 33316
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PAPIERSKI, ALFRED
250 HARRISON RD
MADISONVILLE, TN 37354**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PAPIERSKI, SANDRA JEAN
1721 S.W. 5TH AVE
POMPAÑO BEACH, FL 33060**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Sandra J. Papierski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA J. PAPIERSKI 7/14/04

Date

Daytime Phone #

954-563-5859

Attachment

54062624
679497

Law Office

Arnold T. Blostein, P.A.

916 S. Andrews Avenue
Fort Lauderdale, FL 33316
Telephone (954) 377-4500
Fax (954) 377-4501

July 14, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

In Re: Atlantic Coast Plating, Inc.

To Whom it may concern,

I mailed the original Annual Report, along with a check made out to the Florida Secretary of State in the amount of \$150.00 in February of 2004. Obviously it was never received by you nor has it been returned to me. I have been mailing Annual Reports for many years and this is the first time this has happened.

I am enclosing another Annual Report and check in the amount of \$150.00. The first has apparently been lost in the mail. I hope this is acceptable.

If anything further is needed, please contact me. I appreciate your courtesy in this matter

Very Truly Yours,



Arnold T. Blostein, P.A.

ATB/bs