

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004777

1. Entity Name
ACOSTA VENTURES, INC.

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

04-30-2001 90033 014 ***150.00

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

Mailing Address
**6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216**

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 **59-3656387**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 **CCEO** ☐ Delete
NAME **CHARTRAND, GARY**
STREET ADDRESS **6850 BELFORT OAKS PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **CCEO** ☒ Change ☐ Addition
NAME **Chartrand, Gary R.**
STREET ADDRESS **6630 Southpoint Pkwy**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **VCSP** ☐ Delete
NAME **MCCLUNG, ROGER L**
STREET ADDRESS **6850 BELFORT OAKS PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VCSP** ☒ Change ☐ Addition
NAME **McClung, Roger L.**
STREET ADDRESS **6630 Southpoint Pkwy**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **DT** ☒ Delete
NAME **DIAZ, MICHAEL K**
STREET ADDRESS **6850 BELFORT OAKS PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **T** ☐ Change ☒ Addition
NAME **Ramsey, Sandra**
STREET ADDRESS **6630 Southpoint Pkwy**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Sandra Ramsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 904-280-9800
Date Daytime Phone #

CR2E034 (10/00)