

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22945

1. Entity Name

ATLANTIC DATAFURNITURE PRODUCTS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90128 050 ***150.00

Principal Place of Business

Mailing Address

5202 EAGLE TRAIL DRIVE

P.O. BOX 151777

TAMPA FL 33634

TAMPA FL 33684-1777

US

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2073983

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

MESSERMAN, JEROME
1108 CULBREATH ISLES DR
TAMPA FL 33609

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, 2000 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 ☐ Delete

NAME VAN VELDHUIZEN, JOHN

STREET ADDRESS 1717 ANGLERS COURT
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Delete

NAME DP
NAME MESSERMAN, JEROME
STREET ADDRESS 1108 CULBREATH ISLES DR
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME DV
NAME MESSERMAN, BRUCE
STREET ADDRESS 14632 VILLAGE GLEN COURT
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 17906 SPENCER RD
STREET ADDRESS OCESSA, FL 33556
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE MESSERMAN

Date

2/14/00

Daytime Phone #

813 885-4950

CR2E034 (9/99)