

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F59647

1. Entity Name

ATLANTIC SURFING MATERIALS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90148 039 ***150.00

Principal Place of Business

1825 SOUTH RIVERVIEW DRIVE
 MELBOURNE FL 32901
 US

Mailing Address

1825 SOUTH RIVERVIEW DRIVE
 MELBOURNE FL 32901
 US

2. Principal Place of Business

1825 Riverview Drive
 Suite, Apt. #, etc.

3. Mailing Address

1825 Riverview Drive
 Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32901

Country

USA

City & State

Melbourne, FL

Zip

32901

Country

USA

4. FEI Number

59-2159689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KOSTRO, VICTOR S
 1825 S RIVERVIEW DRIVE
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

1825 Riverview Drive

City

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)

BOTH: Registered Agent's signature required when constituted

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 \$650.00
 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

TITLE	PTD	☐ Delete
NAME	HOUSTON, ROSS	
STREET ADDRESS	3063 RIO PALMA N	
CITY-STATE-ZIP	INDIALANTIC FL 32903	
TITLE	VSD	☐ Delete
NAME	HOUSTON, JEAN K.	
STREET ADDRESS	3063 RIO PALMA N	
CITY-STATE-ZIP	INDIALANTIC FL 32903	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I/we empowered.

APPROVED BY:

Ross Houston
 Ross Houston
 PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 15, 2001 (321) 676-4447

B1

SECRETARY OF STATE

CR2E034 (10/00)