

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004309

1. Entity Name

ATLANTIC CAREGIVERS INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90117 006 ***150.00

Principal Place of Business

Mailing Address

4251 SPRUCE CREEK ROAD
BLDG. 1, UNIT F
PORT ORANGE FL 32127

4251 SPRUCE CREEK ROAD
BLDG. 1, UNIT F
PORT ORANGE FL 32127-4353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3390552

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

OSTLUND, GRANT
4251 SPRUCE CREEK ROAD
BLDG. 1, UNIT F
PORT ORANGE FL 32127

Name

Grant Ostlund

Street Address (P.O. Box Number is Not Acceptable)

131 Bakers Acres Drive

City

Hawthorne

FL

Zip Code

32640

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

Grant Ostlund, President/Director

3/28/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
OSTLUND, GRANT
54 RIVERS EDGE LANE
PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
Grant Ostlund
131 Bakers Acres Drive
Hawthorne, FL 32640 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 title empowered.

SIGNATURE:

Grant Ostlund
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
Date

904 212 0028
Daytime Phone #

CR2F034 (9/99)