

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004309

1. Entity Name

ATLANTIC CAREGIVERS INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4251 SPRUCE CREEK ROAD

3. Mailing Address

4251 SPRUCE CREEK ROAD

Suite, Apt. #, etc.

BLDG II, Unit C

Suite, Apt. #, etc.

BLDG II, Unit C

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32127

Country

USA

Zip

32127

Country

USA

6. Name and Address of Current Registered Agent

OSTLUND, GRANT  
131 BAKERS ACRES DR.  
HAWTHORNE FL 32640

7. Name and Address of New Registered Agent

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, 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

TITLE PSD  
NAME OSTLUND, GRANT  
STREET ADDRESS 131 BAKERS ACRES DR.  
CITY-ST-ZIP HAWTHORNE FL 32640 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. 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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01

Daytime Phone #

904 822 3387

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90099 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3390552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)