

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0027186 AV

DOCUMENT # F99000002815

1. Entity Name
ACOSTA, INC.

04-08-2002 90077 022 ***150.00

Principal Place of Business
**6650 SOUTHPOINT PKWY
JACKSONVILLE FL 32216
US**

Mailing Address
**6650 SOUTHPOINT PKWY
JACKSONVILLE FL 32216
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6630 Southpoint Pkwy
Suite, Apt. #, etc.

3. Mailing Address
6630 Southpoint Pkwy
Suite, Apt. #, etc.

City & State
Jacksonville, FL 32216

City & State
Jacksonville, FL

4. FEI Number **59-3522052**

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **CCEO** ☐ Delete
NAME **CHARTRAND, GARY**
STREET ADDRESS **6630 SOUTHPOINT PKWY**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VP** ☐ Delete
NAME **HILL, ROBERT**
STREET ADDRESS **6330 SOUTHPOINT PKWY**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **PD** ☐ Delete
NAME **MCCARTHY, BOB**
STREET ADDRESS **6330 SOUTHPOINT PKWY**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VP** ☐ Delete
NAME **WATKINS, JOHN**
STREET ADDRESS **6630 SOUTHPOINT PKWY**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VP** ☐ Delete
NAME **NIST, RICK**
STREET ADDRESS **6850 BELFORT OAKS PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VPD** ☐ Delete
NAME **MCCLING, ROGER L**
STREET ADDRESS **6630 SOUTHPOINT PKWY**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Date

Daytime Phone #

3/21/02

904-281-9800

CR2E034 (9/01)