

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

G92320

1. Entity Name

ATLANTIC SPACE COAST GI, PA

FILED

02 JUN -5 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1257 Florida Avenue

3. Mailing Address

1257 Florida Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Rockledge, FL

Zip

32955

Country

USA

Zip

32955

Country

USA

DO NOT WRITE IN THIS SPACE

05-15-02 90088 D08 \$150.00

4. FEI Number

59-2381148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tobkes, Andrew I MD

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

1257 Florida Avenue

City

Rockledge

FL

Zip Code 32955

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)

5/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P/S

Tobkes, Andrew I. MD

1257 Florida Avenue

Rockledge, FL 32955

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

ABG/14

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

5/30/02

Date

(321) 632-0497

Daytime Phone #

CR2E034B (12/01)