

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24259

1. Entity Name
ATLANTIC COAST ELECTRIC, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90004 011 ***150.00

Principal Place of Business
17458 ELSINORE DR
JACKSONVILLE FL 32226
US

Mailing Address
P O BOX 26342
JACKSONVILLE FL 32226
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number **59-2717260** 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

POWELL, KEITH G
17458 ELSINORE DR
JACKSONVILLE FL 32226

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 *Keith G Powell*

2/19/01

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 CP
NAME POWELL, KEITH G.
STREET ADDRESS 17458 ELSINOR DR
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VD
NAME TANNER, BILLY J.
STREET ADDRESS ROUTE 3, BOX 613
CITY-ST-ZIP HAVANA FL ☐ Delete

TITLE T
NAME VARNES, THERESA T.
STREET ADDRESS 2647 JEWELL RD
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE SD
NAME POWELL, PHYLLIS B.
STREET ADDRESS 17458 ELSINOR DR
CITY-ST-ZIP JACKSONVILLE FL ☐ 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 all other like empowered.

SIGNATURE: *Keith G Powell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith G Powell
President

2/19/01
Date

(904) 757-0085
Daytime Phone #

CR2E034 (10/00)