

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51346

1. Entity Name

ATLANTIC SERVICES OF VOLUSIA COUNTY, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90024 047 ***150.00

Principal Place of Business

144 NORTH NOVA ROAD
ORMOND BEACH FL 32174
US

Mailing Address

144 NORTH NOVA ROAD
ORMOND BEACH FL 32174-5122
US

2. Principal Place of Business

455 S. NOVA RD

Suite, Apt. #, etc.

3. Mailing Address

455 S. NOVA RD

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

4. FEI Number

59-2921645

Applied For

Not Applicable

Zip

32174

Country

Zip

32174

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EGGLESTON, WILLIAM R
144 NORTH NOVA ROAD
STE 102
32174D BEACH FL 32117

7. Name and Address of New Registered Agent

Name

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

455 S. NOVA RD

City

ORMOND BEACH

FL

Zip Code

32174

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, 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

TITLE	DPA	<input type="checkbox"/> Delete
NAME	EGGLESTON, WILLIAM R.	
STREET ADDRESS	144 NORTH NOVA ROAD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EGGLESTON, JEAN D.	
STREET ADDRESS	144 NORTH NOVA ROAD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	455 S. NOVA RD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	455 S. NOVA RD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/99)