

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0005530

DOCUMENT # **N00000001255**

1. Entity Name
ATLANTIC FIRST ROUND PARTNERS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 OCT 21 PM 2:53

REINSTATEMENT 03

Principal Place of Business Mailing Address
215 BAYTREE DR 215 BAYTREE DR
SUITE 2 SUITE 2
MELBOURNE FL 32940 MELBOURNE FL 32940



2. Principal Place of Business 3. Mailing Address
1900 S. Harbor City Blvd 1900 S. Harbor City Blvd

(Suite) Apt. #, etc. (Suite) Apt. #, etc.
328 328

City & State City & State
Melbourne, FL Melbourne, FL

Zip Country Zip Country
32901 USA 32901 USA

CHECK HERE IF MAKING CHANGES
4. FEI Number **59-3646772** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BUFFINGTON, NED
215 BAYTREE DR
SUITE 2
MELBOURNE FL 32940

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1900 S Harbor City Blvd
Ste. 328
City Melbourne FL Zip Code 32901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANCILIA, JOHN R <input type="checkbox"/> Delete 1686 W. HIBISCUS BLVD. MELBOURNE FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLANDO, FRED J <input type="checkbox"/> Delete 180 BRY-LYNN DRIVE WEST MELBOURNE FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFINGTON, NED B <input type="checkbox"/> Delete 215 BAYTREE DRIVE, SUITE 1 MELBOURNE FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, DEBORAH A <input type="checkbox"/> Delete 215 BAYTREE DRIVE, SUITE 1 MELBOURNE FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500023962525 10/21/03--01027--021 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)