

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000021390

FILED
Apr 27, 2003
Secretary of State

Entity Name: ATLANTIC COASTAL SHUTTERS, INC.

Current Principal Place of Business:

12093 SW 14 ST
BLDG. 105
PEMBROKE PINES, FL 33025

Current Mailing Address:

P.O. BOX 278033
MIRAMAR, FL 330278033

New Principal Place of Business:

4351 SW 160 AVE.
APT. # 210
MIRAMAR, FL 33027 US

New Mailing Address:

P.O. BOX 278033
MIRAMAR, FL 330278033 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EFRECE, RAFAEL A
12093 SW 14 ST
PEMBROKE PINES, FL 33025

Name and Address of New Registered Agent:

EFRECE, RAFAEL A PD
4351 SW 160 AVENUE
UNIT # 210
MIRAMAR, FL 33027 US

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: RAFAEL EFRECE

04/27/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EFRECE, RAFAEL A
Address: 12093 SW 14 ST BLDG. # 105
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EFRECE, RAFAEL A
Address: 4351 SW 160 AVE. APT. # 210
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL EFRECE

PD

04/27/2003

Electronic Signature of Signing Officer or Director

Date