

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000099673**

1. Entity Name

ATLANTIC PACIFIC FINANCIAL SERVICES, INC.**FILED****May 07, 2001 8:00 am**
Secretary of State

05-07-2001 90034 029 ***150.00

Principal Place of Business

**2931 S FEDERAL HIGHWAY
FORT PIERCE FL 34982**

Mailing Address

**2931 S FEDERAL HIGHWAY
FORT PIERCE FL 34982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1055473

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, KENNETH R
2931 S FEDERAL HIGHWAY
FORT PIERCE FL 34982**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVSD
HARRIS, KENNETH R
2931 S FEDERAL HIGHWAY
FORT PIERCE FL 34982** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)



Attachment

00000099673

759189

**FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE**

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

DATE 12-4-00 RECD _____ TIME _____

NAME _____ FAX NUMBER _____

Kenneth Harris

561466-0157

IF YOU HAVE ANY QUESTION ABOUT ANY FAX RECEIVED FROM OUR OFFICE
PLEASE CALL US AT (678) 530-7234 OR (678) 530-7235

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION NUMBER FOR
THE ENTITY (IES) SHOWN BELOW. YOU SHOULD RECEIVE WRITTEN NOTIFICATION
OF YOUR EMPLOYER IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.

COMPANY NAME: Atlantic Pacific Financial Services, Inc.

EMPLOYER IDENTIFICATION NUMBER (EIN): 65-1055473

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

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