2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000099986

Entity Name: ATLANTIC COAST FLORIDA ENTERPRISES INC.

Current Principal Place of Business:

60 WESTOVER DR.
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

4312 GAMWELL DR.
MELBOURN, FL 32935

New Mailing Address:

60 WESTOVER DR.
WEST MELBOURNE, FL 32904

FEI Number: 59-3753678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FONTAINE, JOHN
4312 GAMWELL DR
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

FONTAINE, JOHN
60 WESTOVER DR
WEST MELBOURNE, FL 32904 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: JOHN FONTAINE 04/15/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FONTAINE, JOHN R
Address: 4312 GAMWELL DR.
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete
Name: HALES, TONYA
Address: 4312 GAMWELL DR.
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete
Name: FONTAINE, DAVID
Address: P.O.BOX 546
City-St-Zip: PALMETTO, FL 33561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN FONTAINE P 04/15/2002
Electronic Signature of Signing Officer or Director Date