

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90019 013 ***150.00

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DOCUMENT # P00000103979

1. Entity Name

ATLANTIC CHOICE REAL ESTATE, INC.

Principal Place of Business

~~32 NORTH BREVARD AVE.~~
 COCOA BEACH FL 32931

Mailing Address

~~32 NORTH BREVARD AVE.~~
 COCOA BEACH FL 32931

2. Principal Place of Business

36 North Brevard
 Suite, Apt. #, etc.

3. Mailing Address

36 N. Brevard Av.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cocoa Bch, FL

City & State

Cocoa Bch, FL 32931

4. FEI Number

59-3689040

Applied For

Not Applicable

Zip
 32931

Country
 USA

Zip
 32931

Country
 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROTH, FRANCIS J

~~32 NORTH BREVARD AVE~~ 36 North Brevard
 COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

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, 2002 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 P
 NAME ROTH, FRANCIS J
 STREET ADDRESS ~~32 N BREVARD AVE~~ 36 N. Brevard Av.
 CITY-ST-ZIP COCOA BEACH FL 32931

TITLE VP
 NAME SONNIE SEXTON
 STREET ADDRESS 36 N. Brevard Ave
 CITY-ST-ZIP COCOA Bch, FL 32931

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 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 (9/01)