

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089545

1. Entity Name
ATLANTIC CUSTOM INC.

FILED

02 OCT 14 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

409 S 4TH ST
FERNANDINA BEACH FL 32034

Mailing Address

409 S 4TH ST
FERNANDINA BEACH FL 32034

2. Principal Place of Business

530 S. 6th St

3. Mailing Address

530 S. 6th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH FL

City & State

FERNANDINA BEACH FL

Zip

Country

32034

Zip

Country

32034

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORENS, LEA M

409 S 4TH ST

FERNANDINA BEACH FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

530 S. 6th St

FERNANDINA BEACH FL

Zip Code

32034

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D
NAME ORENS, LEA M
STREET ADDRESS 409 S 4TH ST
CITY-ST-ZIP FERNANDINA BEACH FL 32034

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

530 S. 6th St.

FERNANDINA BEACH, FL 32034

☐ Change ☐ Addition

9000008419179
10/17/02--01015--009 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

CR2E034 (4/02)

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

10-9-02 (704)324-1968

Atlantic Custom Inc.

P.O. Box 503
Fernandina Beach, Florida 32035
Phone (904) 321-1968
Fax (904) 321-1968
acex_us@yahoo.com

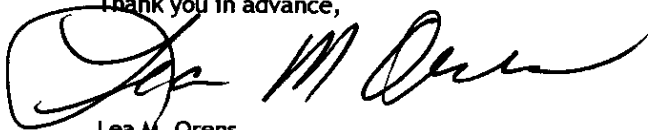
October 9, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations,

Enclosed is the Uniform Business Report for Atlantic Custom Exteriors. The first notice that I received was already including a late fee and totaled \$550.00. Personally I was floored, I knew that could not possibly be correct so I put it aside to research and then my spouse had an accident and everything went on hold for awhile. This is our first year having to file this report so I am at a disadvantage. We are a small corporation who has not even shown a profit yet, although we certainly hope to in the future. I implore you to forgive us the late fees and reinstate our corporation to full status.

Thank you in advance,



Lea M. Orens

THIS WILL BE...

I AM NOT A...