

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90038 020 ***150.00

0325144 AV

DOCUMENT # P01000100230

1. Entity Name

ATLANTIC COAST APPRAISAL, INC.

Principal Place of Business

Mailing Address

**400 N.W. 70TH AVENUE
 #214
 PLANTATION FL 33317**

**400 N.W. 70TH AVENUE
 #214
 PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 15262

P.O. 15262

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION, FL

PLANTATION, FL

Zip

Country

Zip

Country

33318

USA

33318

USA

4. FEI Number

Applied For

65-1146825

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

**O'NEILL, JAMES W
 400 N.W. 70TH AVENUE
 #124
 PLANTATION FL 33317**

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 **JAMES O'NEILL**

[Signature]

2-25-2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **O'NEILL, JAMES W**
 STREET ADDRESS **400 N.W. 70TH AVENUE #214**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☒ Change ☐ Addition
 NAME **O'NEILL, JAMES W**
 STREET ADDRESS **P.O. 15262**
 CITY-ST-ZIP **PLANTATION, FL 33318**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES O'NEILL

2-25-2002

954-610-022P

Date

Daytime Phone #

CR2E034 (9/01)