

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000057503

FILED
Apr 29, 2003
Secretary of State

Entity Name: ATLANTIC COAST COMPUTERS, INC.

Current Principal Place of Business:

8701 ROLLING BROOK LANE
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8701 ROLLING BROOK LANE
JACKSONVILLE, FL 32256

New Mailing Address:

9838 OLD BAYMEADOWS RD. #291
JACKSONVILLE, FL 32256

FEI Number: 04-3668951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYHAND, KATHLEEN
8701 ROLLING BROOK LANE
JACKSONVILLE, FL 32256

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. () Change (X) Addition
Name: MYHAND, KATHLEEN
Address: 8701 ROLLING BROOK LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR. () Change (X) Addition
Name: GENTRY, PETER
Address: 10109 W BISHOP LAKE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR. () Change (X) Addition
Name: MYHAND, MICHAEL J
Address: 8701 ROLLING BROOK LANE
City-St-Zip: JACKSONVILLE, FL 32256

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: KATHLEEN MYHAND

MS.

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date