


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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|---|---|---|---|--|--|
| DOCUMENT # P03000084333 1. Entity Name ATLANTIC COASTAL EQUIPMENT INC. | | | |  | |
| Principal Place of Business 3508 PHILIPS HIGHWAY JACKSONVILLE, FL 32207 | | | Mailing Address 3508 PHILIPS HIGHWAY JACKSONVILLE, FL 32207 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KWARTLER, DAVID B 4202 SALERNO RD SOUTH JACKSONVILLE, FL 32244 | | | | Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 <u><i>David B. Kwartler</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KWARTLER, DAVID B 4202 SALERNO RD S JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400059905404 09/26/05--01002--005 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KWARTLER, MATTHEW D 4414 COGUINA DR. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE <u><i>David B. Kwartler</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | <u>DAVID B. KWARTLER</u> 9-20/05-904 3961117 Date Daytime Phone # | | |

FILED
 05 SEP 26 AM 9:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09122005 Chg-P CR2E034 (10/03)

4. FEI Number **14-1891694** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

JK 10/7