

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005857

1. Entity Name

ATLANTIC PRECISION & MANUFACTURING, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90026 038 ***150.00

Principal Place of Business

Mailing Address

292 N. WICKHAM RD
MELBOURNE FL 32935
US

292 N. WICKHAM ROAD
MELBOURNE FL 32934-9261
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

295 North Drive

3. Mailing Address

295 North Drive

Suite, Apt. #, etc.

Unit B

Suite, Apt. #, etc.

Unit B

City & State

Melbourne, FL

City & State

Melbourne FL

4. FEI Number

59-3124185

Applied For

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

CAPPS, STEWART B
777 N HWY A1A
STE 204
INDIALANTIC FL 32903

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	GUNIA, GLADYS	
STREET ADDRESS	837 VANCE CIRCLE, NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUNIA, MIKE	
STREET ADDRESS	837 VANCE CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRINCE, VERNON G	
STREET ADDRESS	535 WISTAR CT	
CITY-ST-ZIP	PALM BAY FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HERNANDEZ, SILVANA	
STREET ADDRESS	615 SAND PIPER CIRCLE 3313	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gladys Gunia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

(321) 253-2904

Daytime Phone #

CR2E034 (9/99)