

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032480

1. Entity Name

ATLANTIC COMPUTER ENTERPRISES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90229 034 ***150.00

Principal Place of Business

4845 BELLE TERRE PKWY
SUITE B
PALM COAST FL 32164
US

Mailing Address

4984 PALM COAST PARKWAY
STE 7
PALM COAST FL 32137
US

2. Principal Place of Business

3. Mailing Address

4984 Palm Coast Pkwy

Suite, Apt. #, etc.

Suite 7

City & State

Palm Coast FL

Zip
32137

Country
USA

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1527661

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

ELLINS, DONNA S
4845 BELLE TERRE PKWY
SUITE B
PALM COAST FL 32164

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, 2001 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

TITLE P
NAME ELLINS, DONNA S
STREET ADDRESS 4984 PALM COAST PARKWAY STE 7
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE V
NAME ELLINS, ROBERT M
STREET ADDRESS 4984 PALM COAST PARKWAY
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE VP
NAME ELLINS, KATHLEEN D
STREET ADDRESS 4984 PALM COAST PARKWAY
CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE VP
NAME THOMAS E. FRASSRAND
STREET ADDRESS 134 PALM COAST PARKWAY
CITY-ST-ZIP PALM COAST FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 ☐ Change ☐ Addition

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

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

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

Date

Daytime Phone #

CR2E034 (10/00)