

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052058

1. Entity Name

ATLANTIC PACIFIC FUNDING, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90010 001 ***150.00

Principal Place of Business

2925 S US HIGHWAY 1
FT PIERCE FL 34982
US

Mailing Address

433 SE SKIPPER LN
FT PIERCE FL 34983-2225
US

J 100003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2925 s. US

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. PIERCE

City & State

City & State

FT. PIERCE, FL

4. FEI Number

65-0643825

Applied For

Not Applicable

Zip

Country

Zip

Country

34982

ST LUCIE

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, JOANNE
433 SE SKIPPER LANE
PORT ST. LUCIE FL 34984

7. Name and Address of New Registered Agent

Name

KENNETH HARRIS

Street Address (P.O. Box Number is Not Acceptable)

433 SE SKIPPER LANE

City

PORT SAINT LUCIE

FL

Zip Code
34983

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HARRIS, JOANNE
433 SE SKIPPER LANE
PORT ST. LUCIE FL 34984 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
PSTD
HARRIS, KENNETH
433 se SKIPPER LN
PORT ST. LUCIE, FL 34984 ☒ Change ☐ Addition

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

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 #