

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90167 001 \*\*\*150.00  
 01-31-2002 90167 002 \*\*\*\*\*8.75

**DOCUMENT # P95000067182**

**1. Entity Name**  
**ATLANTIC COAST CONSTRUCTION AND DEVELOPMENT, INC**

**Principal Place of Business**

**8730 US HWY ONE**  
**MICCO FL 32976**

**Mailing Address**

**8730 US HWY ONE**  
**MICCO FL 32976**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-0604157**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**PALADIN, JOSEPH**

**6830 S HWY A1A**

**MELBOURNE FL 32951**

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, 2002 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** VP ☐ Delete  
**NAME** PALADIN CROSSMAN, AMY  
**STREET ADDRESS** 8355 DYNASTY DRIVE  
**CITY-ST-ZIP** BOCA RATON FL 33304

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

**TITLE** TD ☒ Delete  
**NAME** BILLINGTON, BARRY P  
**STREET ADDRESS** 2355 E ATLANTIC BLVD  
**CITY-ST-ZIP** POMPANO BEACH FL 33062

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

**TITLE** S ☐ Delete  
**NAME** PALADIN, MICHELE  
**STREET ADDRESS** 6830 S HWY A1A  
**CITY-ST-ZIP** MELBOURNE BEACH FL 32951

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

**TITLE** P ☐ Delete  
**NAME** PALADIN, JOSEPH  
**STREET ADDRESS** 6830 S HWY A1A  
**CITY-ST-ZIP** MELBOURNE BEACH FL 32951

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** TD ☐ Change ☒ Addition  
**NAME** Michele Paladin  
**STREET ADDRESS** 6830 S HWY A1A  
**CITY-ST-ZIP** MELBOURNE BEACH, FL 32951

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

*Michele Paladin* MICHELE Paladin

1-14-02

603-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)