

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91736 027 ***150.00

DOCUMENT # P96000027555

1. Entity Name
ACROSS ATLANTIC INC.

Principal Place of Business

**1199 EAST FOWLER DRIVE
 DELTONA FL 32725**

Mailing Address

**P.O. BOX 5311
 DELTONA FL 32725
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1199 E. Fowler Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Deltona FL

4. FEI Number

59-3368986

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COETZEE, EBEN
 1199 EAST FOWLER DRIVE
 DELTONA FL 32725**

7. Name and Address of New Registered Agent

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

TITLE PD
NAME COETZEE, EBEN
STREET ADDRESS 1199 EAST FOWLER DRV
CITY-ST-ZIP DELTONA FL 32725

TITLE M
NAME COETZEE, EBEN
STREET ADDRESS 1199 EAST FOWLER DRV
CITY-ST-ZIP DELTONA FL 32725

TITLE VTS
NAME COETZEE, LINDA
STREET ADDRESS 1199 EAST FOWLER DRV
CITY-ST-ZIP DELTONA FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.
NAME COETZEE EBEN
STREET ADDRESS 1199 EAST FOWLER DRV
CITY-ST-ZIP DELTONA FL 32725

TITLE M
NAME INTERIMALES RILEY
STREET ADDRESS 1418 S. RIVERSIDE DR
CITY-ST-ZIP NEW ANGELES BEACH FL 32168

TITLE S
NAME COETZEE LINDA
STREET ADDRESS 1199 E. FOWLER DRV
CITY-ST-ZIP DELTONA FL 32725

TITLE D. HANLEY
NAME HANLEY KATHARINE
STREET ADDRESS 122 OAK MOUNT LANE
CITY-ST-ZIP NEW ANGELES BEACH FL 32168

TITLE T
NAME CHERYL RILEY
STREET ADDRESS 1418 S. RIVERSIDE DR
CITY-ST-ZIP NEW ANGELES BEACH FL 32168

TITLE V
NAME ANDRE UNDERWAY
STREET ADDRESS 135 VANDERBILT DR
CITY-ST-ZIP ORMOND BEACH FL 32176

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:

EBEN COETZEE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)