

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**  
 05-22-2000 90070 044 \*\*\*150.00

**DOCUMENT # P96000045317**

1. Entity Name

**ATLANTIC COAST GENERAL CONTRACTORS, INC.**

Principal Place of Business

5005 JOHNSON STREET  
 HOLLYWOOD FL 33021

Mailing Address

5005 JOHNSON STREET  
 HOLLYWOOD FL 33021-5252  
 US

2. Principal Place of Business

5005 Johnson St  
 Suite, Apt. #, etc.

3. Mailing Address

5005 Johnson St  
 Suite, Apt. #, etc.

City & State

Hollywood FL  
 Zip 33021 Country USA

City & State

Hollywood FL  
 Zip 33021 Country USA

4. FEI Number

65-0687935

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOREK, BRET  
 5005 JOHNSON STREET  
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name Borek Brett

Street Address (P.O. Box Number is Not Acceptable) 5005 Johnson St

City Hollywood

FL

Zip 33021

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 P  
 NAME BOREK, BRETT  
 STREET ADDRESS 5005 JOHNSON ST  
 CITY-ST-ZIP HWD FL

TITLE VPS  
 NAME BOREK, SHIRLEY  
 STREET ADDRESS 5005 JOHNSON ST  
 CITY-ST-ZIP HWD FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)