UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90113 048 ***150.00

DOCUMENT # P98000051239

1. Entity Name
ATLANTIC COAST REMODELERS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1500 N.W. 62 ST		1500 NW 62 ST	
Suite, Apt. #, etc. 421		Suite, Apt #, etc. 421	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33309	Country USA	Zip 33309	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0844214 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name THOMAS DEMORE
Street Address (P.O. Box Number is Not Acceptable) 1500 NW. 62 ST.
City FT. LAUDERDALE **FL** Zip Code 33309

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRES.	TITLE	
NAME	THOMAS DEMORE	NAME	
STREET ADDRESS	1500 N.W. 62 ST	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Demore 1-8-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #