

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055272

1. Entity Name

ATLANTIC COAST ENGINEERING SYSTEMS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90045 033 ***150.00

Principal Place of Business

Mailing Address

3407 ROBBINS RD.
POMPANO BEACH FL 33062
US

3407 ROBBINS RD.
POMPANO BEACH FL 92886-3165
US

2. Principal Place of Business

3. Mailing Address

20720 MANZANITA AVE

20720 MANZANITA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

YORBA LINDA, CA

City & State

YORBA LINDA, CA

4. FEI Number

65-0845663

Applied For

Not Applicable

Zip

92886

Country

US

Zip

92886

Country

US

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

JESSE, J. EDWARD
3407 ROBBINS RD.
POMPANO BEACH FL 33062

Name

JENNIFER JESSE

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

6661 SKIPPER TERR

City

MARGATE

FL

Zip Code

33063

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **JESSE, J. EDWARD**
STREET ADDRESS **3409 ROBBIN ROAD**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **J. EDWARD JESSE**
STREET ADDRESS **20720 MANZANITA AVE**
CITY-ST-ZIP **YORBA LINDA, CA 92886**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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)