

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91334 014 ***150.00

DOCUMENT # P99000053794
1. Entity Name
Atlantic Sea + Ski Inc, DBA Atlantic Fence Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1550 Lake Disston Dr.
Suite, Apt. #, etc.

3. Mailing Address
1550 Lake Disston Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bunnell, Fla.
Zip
32110 Country
Flagler

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4. FE Number
59-3725888 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
Todd R. McCoy
Street Address (P.O. Box Number is Not Acceptable)
1550 Lake Disston Dr.
City
Bunnell FL Zip Code
32110

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Todd R. McCoy</u> <u>1550 Lake Disston Dr.</u> <u>Bunnell, Fla. 32110</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Todd R. McCoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04292002 386-437-5062
Date Daytime Phone #

CR2E034B (12/01)