

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061444

1. Entity Name

ATLANTIC SUPPORT COORDINATORS, INC.

Principal Place of Business

~~2447 NORTHWEST HOLIDAY COURT~~
~~STUART FL 34994~~

Mailing Address

~~2447 NORTHWEST HOLIDAY COURT~~
~~STUART FL 34994~~

~~2801 ALBATROSS RD.~~

~~DELRAY BEACH FL 33444~~

2. Principal Place of Business

2801 ALBATROSS RD

3. Mailing Address

2801 ALBATROSS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-0930475

Applied For

Not Applicable

Zip

33444

Country

USA

Zip

33444

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FISHER, JOSEPH R~~
~~49 KINDRED STREET~~
~~STUART FL 34994~~

7. Name and Address of New Registered Agent

Name M.J. BALLUP ACCOUNTING

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

235 NE 6 AVE

City

DELRAY BEACH FL

Zip Code

33483

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

8/24/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
JOHNSON, JEANNE E
~~2447 NORTHWEST HOLIDAY COURT~~
~~STUART FL 34994~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
2801 ALBATROSS RD
DELRAY BEACH FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
400883435204
-10/24/00--01020--006
*****150.00 *****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
TS

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

8-24-00

Date

285-4757

Daytime Phone #

FILED
00 OCT -6 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P99000083841

1. Entity Name

LURSUK, Inc.

FILED

00 OCT -6 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
174 N.W. 51st Street 922 N.E. 91st Terrace
Boca Raton, FL 33431 Miamishores, FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number
65-0948827

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Pedro Hernandez
3700 S.W. 86th Avenue
Miami, FL 33155

Name
Poompaka Komolvasri
Street Address (P.O. Box Number is Not Acceptable)
922 N.E. 91st Terrace

City
Miamishores

FL

Zip Code
33138

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Lursuk Yuthasunthorn
3057 N.E. 15 Terrace
Oakland Park, FL 33334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/President
Poompaka Komolvasri
922 N.E. 91 Terrace
Miamishores, FL 33138 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3000003436203--5
-10/24/00--01020--005
*****150.00 *****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #