

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90130 011 ***150.00

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1. Entity Name
ATLANTIC COASTAL MORTGAGE INCORPORATED ✓



Principal Place of Business
**8130 BAYMEADOWS CIRCLE
WEST SUITE 206
JACKSONVILLE FL 32256**

Mailing Address
**8130 BAYMEADOWS CIRCLE
WEST SUITE 206
JACKSONVILLE FL 32256**

11000700



2. Principal Place of Business

8130 Baymeadows Cir. W

3. Mailing Address

Suite, Apt. #, etc.

Suite 208

City & State

Jacksonville, FL

City & State

Zip

Country

Zip

Country

32256

Dual

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3602025**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCAFFEE, FELCIA Y
10695 HAMPTON ROAD
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Felicia Y. McAfee
Signature, typed or printed name of registered agent and title if applicable.

Felicia Y. McAfee
(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MCAFFEE, FELCIA**
STREET ADDRESS **10695 HAMPTON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **B** ☐ Delete
NAME **FLOYD, LAMONT A**
STREET ADDRESS **934 GAND AVENUE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **B** ☒ Delete
NAME **RYDER, KENNETH M**
STREET ADDRESS **1218 SIXTH AVENUE N.**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **B** ☒ Delete
NAME **CUMBIE, PATTIE A**
STREET ADDRESS **12354 CACHET DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **B** ☒ Delete
NAME **JOHNSON, KENSLEY T**
STREET ADDRESS **8024 SOUTHSIDE BLVD. #247**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **P** ☒ Delete
NAME **DONALDSON, KALLIE**
STREET ADDRESS **653 MONUMENT RD. - APT#732**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Processor/Sec.** ☐ Change ☒ Addition
NAME **Renee A. J. Hester**
STREET ADDRESS **1628 Twin Oaks Dr. W.**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **Processor/Sec.** ☐ Change ☒ Addition
NAME **Jessica M. Santiagos Colon**
STREET ADDRESS **4238 Sabine Dr.**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **Bookkeeping** ☐ Change ☒ Addition
NAME **Jane M. Hester**
STREET ADDRESS **3260 Gabriel Dr.**
CITY-ST-ZIP **Orange Park, FL 32073**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Felicia Y. McAfee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/29/03 904-338-0894

CR2E034 (10/02)