

2000 UNIFORM BUSINESS REPORT (UBR)

5/22/00

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-22-2000 90036 048 ***150.00

DOCUMENT # P99000108523

1. Entity Name
ACOSTA.COM, INC.

Principal Place of Business Mailing Address
BELFORT OAKS PLACE 6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-3613088**
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCLUNG, ROGER
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216

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.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	☐ Delete
NAME	CHARTRAND, GARY	
STREET ADDRESS	6850 BELFORT OAKS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ Delete
NAME	MCCLUNG, ROGER L	
STREET ADDRESS	6850 BELFORT OAKS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ Delete
NAME	DIAZ, MICHAEL K	
STREET ADDRESS	6850 BELFORT OAKS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: *Roger McClung*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (904) 281-9800
Date Daytime Phone #

CR2E034 (9/99)