

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108523

1. Entity Name
ACOSTA.COM, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90033 015 ***150.00

Principal Place of Business
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216

Mailing Address
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216

2. Principal Place of Business
6630 Southpoint Pkwy
Suite, Apt. #, etc.

3. Mailing Address
6630 Southpoint Pkwy
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number 59-3613088

Applied For
Not Applicable

Zip Country
32216 USA

Zip Country
32216 USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 _____ (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, 2001 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	D	<input type="checkbox"/> Delete
NAME	CHARTRAND, GARY	
STREET ADDRESS	6850 BELFORT OAKS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLUNG, ROGER L	
STREET ADDRESS	6850 BELFORT OAKS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, MICHAEL K	
STREET ADDRESS	6850 BELFORT OAKS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chartrand, Gary	
STREET ADDRESS	6630 Southpoint Pkwy	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McClung, Roger L.	
STREET ADDRESS	6630 Southpoint Pkwy	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramsay, Sandra	
STREET ADDRESS	6630 Southpoint Pkwy	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sandra Ramsay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 904-281-9800

Date Daytime Phone #

CR2E034 (10/00)