2002 Uniform Business Report (UBR)

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

S13828 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90119 023 ***150.00 WEST ATLANTIC COAST, INC. Principal Place of Business Mailing Address 90 JENNIFER CIRCLE 90 JENNIFER CIRCLE PONCE INLET FL 32127 PONCE INLET FL 32127 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3038822 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERREIRA, JOAQUIM D Street Address (P.O. Box Number is Not Acceptable) 90 JENNIFER CIRCLE PONCE INLET FL 32127 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) Signature, typed or printed name of registered agent and title if applicable. 1.1 10 FILE NOW!!! FEE IS \$150.00 9 วิทีที่เรี copporation เราะเบล ligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 S: Taxifiling:requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) PD ? ☐ Delete TITLE TITLE FERREIRA, JOAQUIM D NAME NAME: ⊅ : 1√ 90 JENNIFER CIR STREET ADDRESS STREET ADDRESS PONCE INLET FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE VSTD ☐ Delete TITLE FERREIRA, MARIA L. NAME NAME STREET ADDRESS STREET ADDRESS 90 JENNIFER CIR CITY-ST-ZIP CITY-ST-ZIP PONCE INLET FL Change ■ Addition Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

PERREIRA, PRESIDENT

FILED

Mar 13, 2002 8:00 am §