2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90086 034 ***158.75

DOCUMENT # F86860

1. Entity Name

PROPERTIES ATLANTIC, INC.

Principal Place of Business	Mailing Address
~~280 W CNATOR AVE~~	~~280 W CANTOR AVE~~
~~SUITE 105~~	~~SUITE 105~~
~~WINTER PARK FL 32789~~	~~WINTER PARK FL 32789~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2603 Maitland Center		2603 Maitland Center	
Suite, Apt. #, etc. Suite B Pkwy		Suite, Apt. #, etc. Suite B Pkwy	
City & State Maitland FL		City & State Maitland FL	
Zip 32751	Country Orange	Zip 32751	Country Orange

4. FEI Number 59-2200546 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERMAN, REID S.
~~280 W. CANTOR AVE.~~
~~SUITE 105~~
~~WINTER PARK FL 32789~~

7. Name and Address of New Registered Agent

Name Reid Berman
Street Address (P.O. Box Number is Not Acceptable) 2603 B Maitland Center Pkwy
City Maitland FL Zip Code 32751

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] DATE 2/29/00

Signature, typed or printed name of registered agent and title if applicable. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V Pres	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BERMAN, REID S.		NAME		
STREET ADDRESS	1688 PINE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] 2/29/00 407 659-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #