

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90057 042 ***158.75

DOCUMENT # P98000032655

1. Entity Name
ATLANTIC ENTERPRISES OF PALM COAST, INC.

Principal Place of Business Mailing Address
~~721 NE 76TH ST~~ ~~721 NE 76TH ST~~
~~BOCA RATON FL 33495~~ ~~BOCA RATON FL 33435~~
7491 C-5 N. Federal



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7491 C-5 N. Federal Hwy **7491 C-5 N. Federal Hwy**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
252 **# 252**
 City & State City & State
Boca Raton FL **Boca Raton FL**
 Zip Country Zip Country
33487 USA **33487 USA**

4. FEI Number **65-0827107** Applied For
 Not Applicable
 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
UNRINE, TOM Name **TOM UNRINE**
721 NE 76TH ST. Street Address (P.O. Box Number is Not Acceptable) **4401 N. Ocean Blvd # 11**
BOCA RATON FL 33487 **Boca Raton FL 33433** City **Boca Raton** **FL** Zip Code **33431**

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 Tom Unrine **TOM UNRINE PRES.** DATE **3-23-01**
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.
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD UNRINE, THOMAS M 721 NE 76TH ST. BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TOM UNRINE 4401 N. Ocean Blvd # 11 Boca Raton FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4401 N. Ocean Blvd # 11 Boca Raton FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tom Unrine **TOM UNRINE PRES** DATE **3-23-01** DAYTIME PHONE # **561-945-3772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)