

2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**

03 FEB 24 AM 11:10

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 563967

1. Entity Name  
Atlantic Mills Co.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8255 W 20 Avenue

3. Mailing Address  
8255 W 20 Avenue

Suite, Apt. #, etc.  
P O Box 4670

Suite, Apt. #, etc.  
P O Box 4670

DO NOT WRITE IN THIS SPACE

City & State  
Hialeah, FL

City & State  
Hialeah, FL 33014

4. FEI Number  
59-1812533

Applied For  
 Not Applicable

Zip  
33014

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Steven Randall

Street Address (P.O. Box Number is Not Acceptable)

8255 W 20 Avenue

City  
Hialeah

FL

Zip Code 33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDST  
Steven Randall  
8255 W 20 Ave  
Hialeah, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

01/31/03 90090 004  
\$250.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Randall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)