

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 655072

1. Entity Name
ATLANTIC CABLE, INC.

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90463 014 ***158.75

Principal Place of Business

6753 GARDEN RD
103
RIVIERA BCH FL 33404
US

Mailing Address

6753 GARDEN RD
103
RIVIERA BCH FL 33404
US

00049987



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1300 N. Florida Mango Rd.
Suite, Apt. #, etc.
Ste 19
City & State
West Palm Beach FL
Zip
33409
Country
US

3. Mailing Address

1300 N. Florida Mango Rd.
Suite, Apt. #, etc.
Ste 19
City & State
West Palm Beach FL
Zip
33409
Country
US

4. FEI Number 59-1974569

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNWELL, PETER KEYES
11 PALM POINT
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name Mark L. Woolfson
Street Address (P.O. Box Number is Not Acceptable)
1300 N. Florida Mango Rd.
Ste 19
City West Palm Beach FL Zip Code 33409

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

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	CORNWELL, MERRITT WEST	
STREET ADDRESS	12020 SANDY RUN ROAD	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CORNWELL, PETER KEYES	
STREET ADDRESS	11 PALM POINT	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mark L. Woolfson	
STREET ADDRESS	1300 N. Florida Mango Rd Ste 19	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Steven Woolfson	
STREET ADDRESS	1300 N. Florida Mango Rd Ste 19	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)