

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am:
Secretary of State

05-16-2001 90021 028 ****61.25

DOCUMENT # 743023

1. Entity Name

ATLANTIC PRODUCTIONS, INC.

Principal Place of Business

**1508 PARK CIRCLE
TAMPA FL 33610**

Mailing Address

**1508 PARK CIRCLE
TAMPA FL 33610**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1836345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYMAN, CHARLES, PROF.
UNIVERSITY OF SOUTH FLORIDA
ART DEPARTMENT
TAMPA FL 33620**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LYMAN, CHARLES
STREET ADDRESS UNIV. OF S FLORIDA
CITY-ST-ZIP TAMPA FL

TITLE VPD ☐ Delete
NAME LYMAN, THEODORE
STREET ADDRESS 636 HILLVIEW ROAD
CITY-ST-ZIP RICHMOND VT-05477

TITLE TD ☐ Delete
NAME MELARANO, PETER
STREET ADDRESS 10 APPIAN WAY
CITY-ST-ZIP JOHNSTON RI 02919

TITLE S ☐ Delete
NAME WHITE, PHILLIP
STREET ADDRESS 14506 NO 19 STR #2148
CITY-ST-ZIP TAMPA FL

TITLE VPD ☐ Delete
NAME ISIN, EDWARD
STREET ADDRESS 6836 OAKDALE DR.
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES P. LYMAN

813-238-0402

CR2E037 (10/00)