

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 831629

1. Entity Name

ATLANTIC DODGE, INC.

Principal Place of Business

2330 US 1 SOUTH
P.O. BOX 1926
ST AUGUSTINE FL 32086

Mailing Address

2330 US 1 SOUTH
P.O. BOX 1926
ST AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LOWE, (PHILIP W.)
2330 US 1 SOUTH
P.O. BOX 1926
ST. AUGUSTINE FL 32086

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

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	PD	<input type="checkbox"/> Delete
NAME	LOWE, PHILLIP W	
STREET ADDRESS	212 RAIN TREE TRAIL	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOWE, PATRICIA A	
STREET ADDRESS	2967 S ATLANTIC AVE, #1002	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BOWERS, JOHN F	
STREET ADDRESS	7175 A1A S., #B114	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	29 Collingwood Lane	
CITY-ST-ZIP	Palm Coast, Florida 32137	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2967 S Atlantic Ave Ste 1006	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bowers, Joan F	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pearson, Donald J	
STREET ADDRESS	13 Classic Court	
CITY-ST-ZIP	Palm Coast, Florida 32037	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael W Lowe	
STREET ADDRESS	880 Cherry Tree Rd	
CITY-ST-ZIP	St Augustine, Florida 32086	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-01

Date

904-797-4383

Daytime Phone #

CR2E034 (10/00)

000432

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91347 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1498649**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required