

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001172

1. Entity Name  
ATLANTIC RISING U.S.V.I. INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
05-17-2001 90393 030 \*\*\*150.00

Principal Place of Business Mailing Address  
21 CARET BAY PO BOX 1574  
ST THOMAS ST THOMAS  
U.S. VIRGIN ISLANDS 00803 U.S. VIRGIN ISLANDS 00803

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number 66-0574317 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WIECHENS, EUGENE  
445 NE 8 AVE  
OCALA FL 34478

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHENKER, PATRICIA			NAME			
STREET ADDRESS	21 CARET BAY			STREET ADDRESS			
CITY-ST-ZIP	ST THOMAS, US VIRGIN ISLANDS			CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHENKER, LANCE			NAME			
STREET ADDRESS	21 CARET BAY			STREET ADDRESS			
CITY-ST-ZIP	ST THOMAS, US VIRGIN ISLANDS			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHENKER, DRESDNER			NAME			
STREET ADDRESS	21 CARET BAY			STREET ADDRESS			
CITY-ST-ZIP	ST THOMAS, US VIRGIN ISLANDS			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHENKER, DELANEY			NAME			
STREET ADDRESS	21 CARET BAY			STREET ADDRESS			
CITY-ST-ZIP	ST THOMAS, US VIRGIN ISLANDS			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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

4/1/01  
Date Daytime Phone #

CR2E034 (10/00)