AMENDED - AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 SEP 12 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005872

1. Entity Name
Atlantic Surety Consulting Co., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
303 W Main st 4th Flr	303 W Main st 4th Floor
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Freehold NJ	City & State: Freehold NJ
Zip: 07728 Country: US	Zip: 07728 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3502245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Lisa Cozzi

Street Address (P.O. Box Number is Not Acceptable): 6621 Orange Drive

City: Davie FL Zip Code: 33314

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	CP
NAME	Lisa Cozzi
STREET ADDRESS	1116 North 13th avenue
CITY-ST-ZIP	Hollywood FL 33019
TITLE	VCS
NAME	George D. Rullo
STREET ADDRESS	94 Beacon Hill Rd
CITY-ST-ZIP	Morganville NJ 07751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9-11-02 7322941281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #