

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90007 045 \*\*\*150.00

**DOCUMENT # F01000004414**

**1. Entity Name**  
**ATLANTIC LADDER SERVICE INC.**

**Principal Place of Business**

**1427 RT 44**  
**PLEASANT VALLEY NY 12569**

**Mailing Address**

**1427 RT 44**  
**PLEASANT VALLEY NY 12569**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**14-1808937**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**UNITED CORPORATE SERVICES INC**  
**9200 S DADELAND BLVD**  
**SUITE 508**  
**MIAMI FL 33156**

**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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOLL, GERALD</b> <b>8 MACK RD</b> <b>POUGHKEEPSIE NY 12603</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PETERSON, MARTIN</b> <b>140 HURLEY RD</b> <b>SALT POINT NY 12578</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BAYNON, GARY</b> <b>163 CANNON ST</b> <b>POUGHKEEPSIE NY 12601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARTINEZ, BENNY</b> <b>4175 BASELINE AVE</b> <b>SANTA YNEZ CA 93460</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HOLL, M. KATRINA</b> <b>8 MACK RD</b> <b>POUGHKEEPSIE NY 12603</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BAYNON, TERRY</b> <b>163 CANNON ST</b> <b>POUGHKEEPSIE NY 12601</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER S/T</b> <b>PETERSON, BONNIE</b> <b>140 HURLEY ROAD</b> <b>SALT POINT, NY 12578</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**WAS INCLUDED ON ORIGINAL  
 APPLICATION BUT OMITTED  
 ON THIS FORM**

**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:**

*Bonnie Peterson*  
**BONNIE PETERSON**

**1/23/02 (845)635-4170**

Date

Daytime Phone #

CR2E034 (9/01)