

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90115 008 ***150.00

DOCUMENT # F94000002707

1. Entity Name
ATLANTIC PROPERTIES TRUST, INC.



Principal Place of Business
**2 EATON ST., STE. 1100
HAMPTON VA 23669**

Mailing Address
**2 EATON ST., STE. 1100
HAMPTON VA 23669**

10018443



2. Principal Place of Business

**293 Independence Blvd.
Suite, Apt. #, etc.
Bldg. 5, Suite 400**

City & State
Virginia Beach, VA

Zip
23462

Country

3. Mailing Address

**293 Independence Blvd.
Suite, Apt. #, etc.
Bldg. 5, Suite 400**

City & State
Virginia Beach, VA

Zip
23462

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **54-1698413**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Aubrey L. Layne, Jr. President 1-28-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **JOSEPH, EDWIN A**
STREET ADDRESS **2 EATON ST., STE. 1100**
CITY-ST-ZIP **HAMPTON VA 23669**

TITLE **P** ☐ Delete
NAME **LAYNE, AUBREY L JR**
STREET ADDRESS **2 EATON STREET, SUITE 1100**
CITY-ST-ZIP **HAMPTON VA 23669**

TITLE **S** ☐ Delete
NAME **BYRNE, JOSEPH P**
STREET ADDRESS **2 EATON STREET SUITE 1100**
CITY-ST-ZIP **HAMPTON VA 23669**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **293 Independence Blvd., Bldg. 5, Ste 400**
CITY-ST-ZIP **Virginia Beach, VA 23462**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **293 Independence Blvd., Bldg. 5, Ste 400**
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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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03 757-217-3400

Date

Daytime Phone #

CR2E034 (10/02)