

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91528 007 ***150.00

DOCUMENT # **H51746** ✓

1. Entity Name
ATLANTIC ASSETS, INC.

044094

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6572 HARTLAND ST.
Suite, Apt. #, etc.

3. Mailing Address
6572 HARTLAND ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Myers FL

Zip
33912

Country
USA

City & State
Fort Myers FL

Zip
33912

Country
USA

4. FEI Number
59-2534856

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Christopher N. Davis

Street Address (P.O. Box Number is Not Acceptable)
12601 World Plaza

City
Fort Myers FL

Zip Code
33907

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 _____ (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
President

NAME
Gregory A. Mayer

STREET ADDRESS
6572 HARTLAND ST

CITY-ST-ZIP
Fort Myers FL 33912

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IN THIS SPACE**

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: **M. G. Mayer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date **239-691-5882** Daytime Phone #

CR2E034B (12/01)