

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90190 016 ***150.00

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DOCUMENT # **H60184**

1. Entity Name

THE ATLANTIC PRIDE CORPORATION

Principal Place of Business

215 S FEDERAL HWY
103
STUART FL 34994
US

Mailing Address

215 S FEDERAL HWY
103
STUART FL 34994
US

2. Principal Place of Business

1000 SE MONTEREY COMMONS BLVD

3. Mailing Address

1000 SE MONTEREY COMMONS BLVD

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

STUART, FL

City & State

STUART FL

Zip

34996

Country

Zip

34996

Country

4. FEI Number

59-2542379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MANSKE, RICHARD
215 S FEDERAL HWY
SUITE 103
STUART FL 34994

7. Name and Address of New Registered Agent

Name

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

1000 SE MONTEREY COMMONS BLVD**SUITE 101**

City

STUART**FL**

Zip Code

34996

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

*Richard Manske***RICHARD MANSKE***1/7/02*

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 **MTD** ☐ Delete
 NAME **MILLER, MARK W.**
 STREET ADDRESS **215 S FEDERAL HWY #103**
 CITY-ST-ZIP **STUART FL**

TITLE **PD** ☐ Delete
 NAME **MILLER, WILLIAM F.**
 STREET ADDRESS **215 FEDERAL HWY #103**
 CITY-ST-ZIP **STUART FL**

TITLE **SD** ☐ Delete
 NAME **MILLER, ELIZABETH N.**
 STREET ADDRESS **215 S FEDERAL HWY #103**
 CITY-ST-ZIP **STUART FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **93 GRANDVIEW BLVD**
 CITY-ST-ZIP **READING PA 19609**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **948 KENNET WAY**
 CITY-ST-ZIP **WEST CHESTER, PA 19380**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **948 KENNET WAY**
 CITY-ST-ZIP **WEST CHESTER PA 19380**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

*MARK W. MILLER***MARK W. MILLER***3/3/02*

Date

(610) 670-1719

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)