

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90110 024 ***150.00

DOCUMENT # K93606

1. Entity Name

ATLANTIC TELECONNECT, INC.

Principal Place of Business

Mailing Address

5445 WILLIAMSBURG DRIVE
 PUNTA GORDA FL 33982
 US

5445 WILLIAMSBURG DRIVE
 PUNTA GORDA FL 33982-1717
 US

2. Principal Place of Business

2529 COMMERCE PARKWAY

3. Mailing Address

2529 COMMERCE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 NORTH PORT, FL

City & State
 NORTH PORT, FL

4. FEI Number 65-0124450

Applied For
 Not Applicable

Zip Country
 34286-9355 SARASOTA

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 34286-9355 SARASOTA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORNER, MICHAEL J
 222 NESBIT STREET
 PUNTA GORDA FL 33950

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, MICHAEL	NAME	
STREET ADDRESS	422 MADRID BLVD	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVALCIK, BEN	NAME	
STREET ADDRESS	21451 LANDIS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVE, DENNIS	NAME	
STREET ADDRESS	1345 WATERSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBERAITH, RICHARD O	NAME	
STREET ADDRESS	185 MOCKINGBIRD LANE	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYMAN, HARRY	NAME	
STREET ADDRESS	161 CARLISLE AVE	STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

R. Galberaith R. GALBERAITH 3/6/00 941-429-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)