## .2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K93606** 1. Entity Name ATLANTIC TELECONNECT, INC. Principal Place of Business Mailing Address 2529 COMMERCE PKWY 2529 COMMERCE PKWY NORTH PORT FL 34286-9355 NORTH PORT FL 34286-9355 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

ts this statement for the purpose of changing its registered office

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ddress, with all other like empow

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

12.

STREET ADDRESS

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CITY-ST-ZIP

13. It 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 receives 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

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NAME

TITLE

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ed agent and title if applicable

OFFICERS AND DIRECTORS

HORNER, MICHAEL J 222 NESBIT STREET PUNTA GORDA FL 33950

9. This corporation is eligible to satisfy its intangible

HORNER, MICHAEL

422 MADRID BLVD

PUNTA GORDA FL

**GROVE, DENNIS** 

1345 WATERSIDE DR.

GALBERAITH, RICHARD O

**185 MOCKINGBIRD LANE** 

PT. CHARLOTTE FL

**ENGLEWOOD FL** 

HAYMAN, HARRY

161 CARLISLE AVE

PT CHARLOTTE FL

Tax filing requirement and elects to do so.

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

TITLE

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NAME

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

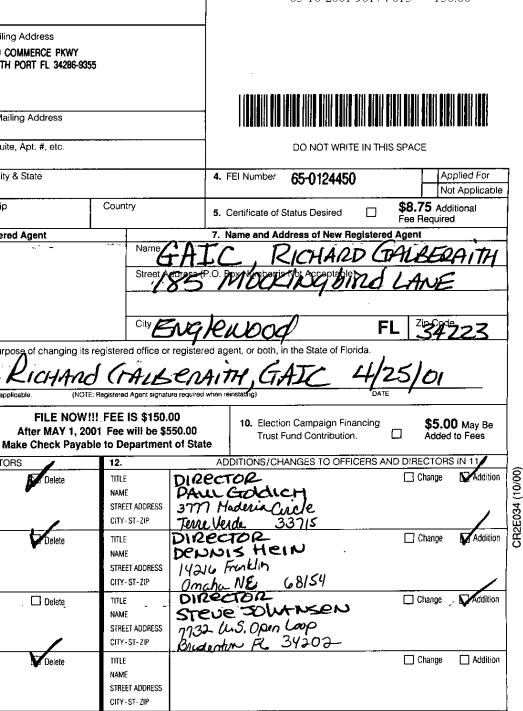
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## FILED May 10, 2001 8:00 am Secretary of State

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