

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90179 001 ***150.00

DOCUMENT # K93606

1. Entity Name
ATLANTIC TELECONNECT, INC.



Principal Place of Business
**2529 COMMERCE PKWY
NORTH PORT FL 34286-9355
US**

Mailing Address
**2529 COMMERCE PKWY
NORTH PORT FL 34286-9355
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0124450**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GAIC, RICHARD G
185 MOCKINGBIRD LANE
ENGLEWOOD FL 34223**

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

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 **D** ☒ Delete
NAME **GODDICH, PAUL**
STREET ADDRESS **3777 MADERIA CIRCLE**
CITY-ST-ZIP **TERRA VERDE FL 33715**

TITLE **D** ☒ Delete
NAME **HEIN, DENNIS**
STREET ADDRESS **14216 FRANKLIN**
CITY-ST-ZIP **OMAHA-NE 68154**

TITLE **CEOD** ☐ Delete
NAME **GALBERAITH, RICHARD O**
STREET ADDRESS **185 MOCKINGBIRD LANE**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☒ Delete
NAME **JOHANSEN, STEVE**
STREET ADDRESS **7732 U.S. OPEN LOOP**
CITY-ST-ZIP **BRADENTON FL 34202**

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 to an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Galberaith **RICHARD GALBERAITH** 3/31/03 941-429-8484

CR2E034 (10/02)