

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2002 91481 034 ****50.00

DOCUMENT # L00000002051

1. Entity Name

ATLANTIC ACCOUNTING AND TAX COMPANY, LLC

Principal Place of Business

**1239 WASHINGTON STREET
 HOLLYWOOD FL 33019**

Mailing Address

**1239 WASHINGTON STREET
 HOLLYWOOD FL 33019**

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

65-0995660

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICE, INC.
 ONE S.E. 3RD AVE., 28TH FLOOR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **ARNETTE CROOLY DUNCANSON STEINFIELD LLP**
 Street Address (P.O. Box Number is Not Acceptable) **2131 HOLLYWOOD BLVD SUITE 507**
 City **HOLLYWOOD** FL Zip Code **33020**

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 *Vincent S Arnette*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/19/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** Delete
 NAME **ARNETTE, VINCENT S**
 STREET ADDRESS **1239 WASHINGTON STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Vincent S Arnette **REQUIRED**

DATE **4/19/02**

DAYTIME PHONE # **954/925-1090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)