

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014715 AF

DOCUMENT # L00000012380

1. Entity Name

ATLANTIC TECH SYSTEMS, L.L.C.

FILED

01 JAN 31 AM 10:08

Principal Place of Business

1615 S. FEDERAL HWY. #202  
BOCA RATON FL 33432

Mailing Address

1615 S. FEDERAL HWY. #202  
BOCA RATON FL 33432

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

161 Commerce Road

3. Mailing Address

161 Commerce Road

Suite, Apt. #, etc.

Unit 2

Suite, Apt. #, etc.

Unit 2

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. FEI Number

65-1045234

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KENNEDY, BEN S JR, ESQ  
399 W. PALMETTO PARK RD., #106  
BOCA RATON FL 33432

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.

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 \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Treasurer + Executive VP  
BRAD L Fisher  
2716 NW 37th Street  
Boca Raton, FL 33426

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CEO + President  
Mike Van Donar  
5975 W. Riverway Blvd  
Palm City, FL 34990

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP

900003656989-6  
-02/08/01--01012--014  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

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: BRAD L Fisher 1/28/01 561-945-3618

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

Date

Daytime Phone #

CR2E083 (11/00)