

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90093 018 ****50.00

DOCUMENT # L00000012380

1. Entity Name

ATLANTIC TECH SYSTEMS, L.L.C.

Principal Place of Business

**161 COMMERCE ROAD, UNIT 2
 BOYNTON BEACH FL 33426**

Mailing Address

**161 COMMERCE ROAD, UNIT 2
 BOYNTON BEACH FL 33426**

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

65-1045234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **TEVP** ☐ Delete
 NAME **FISHER, BRAD L**
 STREET ADDRESS **2716 N.W. 37TH STREET**
 CITY-ST-ZIP **BOCA RATON FL 33426**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEOP** ☐ Delete
 NAME **VONDOHRE, MIKE L**
 STREET ADDRESS **5975 S.W. RIVERWAY BLVD.**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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:

REQUIRED

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

1/16/02

561-586-1516

Daytime Phone #

CR2E083 (9/01)