

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90150 020 ***150.00

DOCUMENT # **L 81556**

1. Entity Name

ATLANTIC AUTO WORKS, INC



DO NOT WRITE IN THIS SPACE

90061580

2. Principal Place of Business

812 WASHBURN RD

3. Mailing Address

812 WASHBURN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number

59-3015830

Applied For

Not Applicable

Zip

32934

Country

BREVARD

Zip

32935

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT V. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

1492 AVACADO AVE

City

MELBOURNE

FL

Zip Code

32935

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P/DIT
NAME	DAVID P. BOLAS
STREET ADDRESS	713 EBONY ST
CITY-ST-ZIP	MELBOURNE, FL-32935
TITLE	V/S
NAME	WANDA S. BOLAS
STREET ADDRESS	713 EBONY ST.
CITY-ST-ZIP	MELBOURNE, FL-32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID P. BOLAS

3/24/03 (321)254-1344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)