

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99538

1. Entity Name

ATLANTIC ADVERTISING GROUP, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90043 036 ***150.00

Principal Place of Business

Mailing Address

217 PONTE VEDRA PARK DR
PONTE VEDRA BEACH FL 32082
US

217 PONTE VEDRA PARK DR
PONTE VEDRA BEACH FL 32082-6613
US

2. Principal Place of Business

3101 Sawgrass village Cirde

3. Mailing Address

PO Box 2707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach FL

City & State

Ponte Vedra Bch-FL

Zip

32082

Country

USA

Zip

32004

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2909391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, SUSAN
137 35TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

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

Susan K. Sanders

4-20-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME SANDERS, SUSAN
STREET ADDRESS 137 35TH AVE SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan K. Sanders Susan K. Sanders 4-20-00 (904) 280-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)