

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-21-2001 90060 011 ***150.00

DOCUMENT # P00000002512

1. Entity Name

ATLANTIC TROPHY & AWARDS, INC.

Principal Place of Business

**228 14TH AVE. NORTH
 JACKSONVILLE BEACH FL 32250**

Mailing Address

**228 14TH AVE. NORTH
 JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3531186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NOE, WILLIAM G JR.
 599 ATLANTIC BLVD., STE 6
 ATLANTIC BEACH FL 32233**

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

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, 2001 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

TITLE ☐ Delete

**PTD
 GALANT, ROBERT M
 228 14TH AVE. NORTH
 JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete

**VSD
 GALANT, RICHARD
 228 14TH AVE. NORTH
 JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE
 NAME
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 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 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: Robert M. Galant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. GALANT 2/14/01

Date

904 246-1266

Daytime Phone #

CR2E034 (10/00)