

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015098

1. Entity Name
Q-DOCK ATLANTIC, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90071 004 ***150.00

Principal Place of Business
10307 GANDY BOULEVARD NORTH
SUITE 104
SAINT PETERSBURG FL 33702

Mailing Address
10307 GANDY BOULEVARD NORTH
SUITE 104
SAINT PETERSBURG FL 33702

00021497



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10387 GANDY BLVD. N.
Suite, Apt. #, etc.
STE 104
City & State
ST. PETERSBURG, FL.
Zip
33702
Country
USA

3. Mailing Address
10387 GANDY BLVD N.
Suite, Apt. #, etc.
STE 104
City & State
ST. PETERSBURG FL.
Zip
33702
Country
USA

4. FEI Number
59-3626278
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

CALDWELL, TERENCE
6497 CAPE HATTERAS WAY, NE #2
SAINT PETERSBURG FL 33702

Name
CALDWELL, TERENCE
Street Address (P.O. Box Number is Not Acceptable)
10387 GANDY BLVD N. STE 104
City
ST. PETERSBURG FL Zip Code
33702

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 T. CALDWELL PRESIDENT 2/22/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, TERENCE 6497 CAPE HATTERAS WAY, NE #2 SAINT PETERSBURG FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITT, PAUL C 14610 BOYETTE ROAD RIVERVIEW FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: T. CALDWELL 2/22/01 727 2179327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)