

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90122 032 ***158.75

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DOCUMENT # P00000047778

1. Entity Name

ATLANTIC UTILITIES GROUP, INC.



Principal Place of Business

**1300 N FLORIDA MANGO RD
STE 19
WEST PALM BEACH FL 33409**

Mailing Address

**1300 N FLORIDA MANGO RD
STE 19
WEST PALM BEACH FL 33409**

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

65-1017770

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOLFSON, MARK L
1300 N FLORIDA MANGO RD
STE 19
WEST PALM BEACH FL 33409**

Name

PATRICIA LEBOW, P.A.

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

BROAD AND CASSEL

ONE NORTH CLEMATIS STREET, SUITE 500

City

WEST PALM BEACH

FL

Zip Code

33401

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]

4/7/03

DATE

Signature used or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

PATRICIA LEBOW, PRESIDENT

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
WOOLFSON, STEVEN B
1300 N FLORIDA MANGO RD STE 19
WEST PALM BEACH FL 33409**

☐ Delete

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

TITLE
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CITY-ST-ZIP
**P
WOOLFSON, MARK L
1300 N FLORIDA MANGO RD STE 19
WEST PALM BEACH FL 33409**

☐ Delete

TITLE
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☐ Change ☐ Addition

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

SIGNATURE:

[Signature] **Mark L Woolfson Pres. 3/27/03 561-722-1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)