

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90012 013 ***150.00

DOCUMENT # P00000056720

1. Entity Name
ATLANTIC EXTERIORS, INC.

Principal Place of Business
**2363 S.E. OCEAN BOULEVARD
STUART FL 34996**

Mailing Address
**2363 S.E. OCEAN BOULEVARD
STUART FL 34996**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-3652606

Not Applicable

Zip

Country

Zip

Country

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

**RIFKIN, AVRON C
800 S.E. MONTEREY COMMONS BLVD., SUITE 200
STUART FL 34996**

Name

Steve Reese

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

2363 S.E. Ocean Boulevard

City

Stuart

FL

Zip Code
34996

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

Steve Reese

Steve Reese, D & P

Feb. 7 / 2001

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 **D** ☐ Delete
NAME **GEISINGER, RICHARD C JR**
STREET ADDRESS **2363 S.E. OCEAN BOULEVARD**
CITY-ST-ZIP **STUART FL 34996**

TITLE **D & P** ☐ Change ☒ Addition
NAME **Steve Reese**
STREET ADDRESS **2363 S.E. Ocean Boulevard**
CITY-ST-ZIP **Stuart, FL 34996**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D & VP** ☐ Change ☒ Addition
NAME **John Gizzarelli**
STREET ADDRESS **2363 S.E. Ocean Boulevard**
CITY-ST-ZIP **Stuart, FL 34996**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Steve Reese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 7 / 2001

Date

561/781-1852

Daytime Phone #

CR2E034 (10/00)