

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90122 029 \*\*\*158.75

090421R AV

**DOCUMENT # P00000076451**

1. Entity Name

**ATLANTIC CABLE ENTERPRISES, INC.**



Principal Place of Business  
**1300 N. FLORIDA MANGO RD.  
STE. 19  
WEST PALM BEACH FL 33409  
US**

Mailing Address  
**1300 N. FLORIDA MANGO RD.  
STE. 19  
WEST PALM BEACH FL 33409  
US**

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 **65-1036536**

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  
1300 N FLORIDA MANGO ROAD  
SUITE 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

*Patricia Lebow*  
**PATRICIA LEBOW, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

4/7/03

DATE

**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	<b>D</b> <b>CORNWELL, PETER</b> <b>11 PALM POINT</b> <b>JUPITER FL 33458</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORNWELL, MERRITT</b> <b>11 PALM POINT</b> <b>JUPITER FL 33458</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOOLFSON, MARK</b> <b>1300 N FLORIDA MANGO ROAD, #19</b> <b>WEST PALM BEACH FL 33409</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>CORNWELL, MERRITT</b> <b>11 Palm Point</b> <b>Jupiter, FL 33458</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>WOOLFSON, mark</b> <b>1300 N. Florida mango Rd, Ste 19</b> <b>West Palm Bch, FL 33409</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mark Woolfson*  
**MARK WOOLFSON, PRESIDENT**

Date

Daytime Phone #

CR2E034 (10/02)