

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0003033 AV

DOCUMENT # P00000087786

1. Entity Name
ATLANTIC SALVAGE, INC.

04-09-2002 90039 015 ***150.00

Principal Place of Business
4811 MARTINIQUE CT.
AMELIA ISLAND FL 32034

Mailing Address
4811 MARTINIQUE CT.
AMELIA ISLAND FL 32034



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 **54-1405465** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEAMANS, TRUMAN L

~~4811 WESTWIND CT~~

~~AMELIA ISLAND FL 32034~~

Name

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

4811 MARTINIQUE CT.

City

AMELIA ISLAND,

FL

Zip Code

32034

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, 2002 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 ☐ Delete
 NAME **P SEAMANS, TRUMAN L**
 STREET ADDRESS **4811 WESTWIND CT**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

☒ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS **→ 4811 MARTINIQUE CT**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S SEAMANS, ANDRONIKE K**
 STREET ADDRESS **4811 WESTWIND CT**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

☒ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS **→ 4811 MARTINIQUE CT**
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JAN 02 (904) 491-8745
 Date Daytime Phone #

CR2E034 (9/01)