

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90085 023 ***158.75

DOCUMENT # P00000094253

1. Entity Name

ATLANTIC ENTERPRISES OF JACKSONVILLE, INC.

Principal Place of Business

**4901 ATLANTIC BOULEVARD
 JACKSONVILLE FL 32207**

Mailing Address

**4901 ATLANTIC BOULEVARD
 JACKSONVILLE FL 32207**

2. Principal Place of Business

5651 Colcord Ave

Suite, Apt. #, etc.

3. Mailing Address

5651 Colcord Ave

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3686027

Applied For

Not Applicable

Zip

32211

Country

US

Zip

32211

Country

US

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHIRLEY, MORGAN M

**4901 ATLANTIC BOULEVARD
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

MORGAN M. SHIRLEY

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

5651 Colcord Ave

JACKSONVILLE, FL

City

FL

Zip Code

32211

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

Morgan M Shirley

(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

TITLE ☐ Delete
 NAME **D SHIRLEY, MORGAN M**
 STREET ADDRESS **4901 ATLANTIC BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **D Morgan M. Shirley**
 STREET ADDRESS **5651 Colcord Ave**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **- VP** ☐ Change ☒ Addition
 NAME **TRACY L. NORTUP**
 STREET ADDRESS **5651 Colcord Ave**
 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

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

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

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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 the person 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)