

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90195 027 ***150.00

DOCUMENT # P00000099437
1. Entity Name
 ATLANTIC GRAPHICS & PROMOTIONS, INC.

Principal Place of Business 2435 DEER RUN BLVD
 LOXAHATCHEE FL 33470
Mailing Address 2435 DEER RUN BLVD
 LOXAHATCHEE FL 33470

2. Principal Place of Business 460 Oak Shadow Way
 Suite, Apt. #, etc.
3. Mailing Address 11985 Southern Blvd. PMB 317
 Suite, Apt. #, etc.
City & State Wellington, FL
City & State Royal Palm Beach, FL
Zip 33414 **Country** USA **Zip** 33411 **Country** USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1057928 **Applied For** Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Name and Address of Current Registered Agent D'ANGIO, ROBERT A JR
 685 ROYAL PALM BEACH BLVD
 WEST PALM BEACH FL 33411
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	D LESERRA, LYNN M 2435 DEER RUN BLVD LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11985 Southern Blvd., PMB 317 Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mailing
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	460 Oak Shadow Way Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Prin. Place of Business
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **REQUIRED** **4-29-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)