

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90011 049 ***550.00

DOCUMENT # P00000103498

1. Entity Name
ATLANTIC TUNA CORPORATION

Principal Place of Business
623 10TH PLACE SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address
623 10TH PLACE SOUTH
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business
7337 NW 37th Ave
 Suite, Apt. #, etc.

3. Mailing Address
5855 SW 192nd way
 Suite, Apt. #, etc.

City & State
Miami FL

City & State
Ft Lauderdale FL

4. FEI Number
593682278

Applied For
 Not Applicable

Zip
33147

Country
DADS

Zip
33332

Country
USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEWELL, MICHAEL L
623 10TH PLACE SOUTH
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name
Michael L. Newell
Street Address (P.O. Box Number is Not Acceptable)
5855 SW 192nd way
City
Ft Lauderdale **FL** **Zip Code**
33332

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 *Michael Newell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/6/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, MICHAEL L 623 10TH PLACE SOUTH JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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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: *Michael Newell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01 **(305) 691 1808**
 Date Daytime Phone #

CR2E034 (5/01)