8-20-201 2:16PM FROM

FILED
Aug 31, 2001 8:00 am
Secretary of State
07-31-2001 90006 039 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117602

1. Entity Name
ATLANTIC VALUE GROUP, INC.

Principal Place of Business	Mailing Address
44 COCONUT ROW PALM BEACH FL 33480	44 COCOANUT ROW PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
265 Atlantic Ave	PO Box 646
Suite, Apt. #, etc.: PO Box 646	Suite, Apt. #, etc.
City & State: Palm Beach FL	City & State: Palm Beach FL
Zip: 33480 Country	Zip: 33480 Country

4. FEI Number: 65-1064470 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST., #1
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Kenneth R. Dawson
Street address (P.O. Box Number is Not Acceptable): 265 Atlantic Ave
PO Box 646
City: Palm Beach FL Zip Code: 33480

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: Kenneth R. Dawson 8/20/01
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, KENNETH R 44 COCOANUT ROW PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dawson, Kenneth R. 256 Atlantic Ave PO Box 646 Palm Beach FL 33480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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 REQUIRED 7/22/01 561-835-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

Kenneth R Dawson 8/20/01