

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91180 041 ***158.75

DOCUMENT # P01000013327

1. Entity Name
ATLANTIC AUTO GROUP, INC.



Principal Place of Business
**360 CALOOSAHATCHEE NORTH
JUPITER FL 33458**

Mailing Address
**360 CALOOSAHATCHEE NORTH
JUPITER FL 33458**

20031003



2. Principal Place of Business
118 Raintree Trail
Suite, Apt. #, etc.

3. Mailing Address
118 Raintree Trail
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Jupiter FL

City & State
Jupiter FL

4. FEI Number **65-1072120**

Applied For
☐ Not Applicable

Zip Country
33458 Palm Beach

Zip Country
33458 West Palm

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

6. Name and Address of Current Registered Agent

**PORTER, BEVERLY
360 CALOOSAHATCHEE DRIVE NORTH
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name
Beverly Porter
Street Address (P.O. Box Number is Not Acceptable)
118 Raintree Trail
Jupiter FL
City

FL Zip Code
33458

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Beverly Porter**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PORTER, JAMES W	
STREET ADDRESS	360 CALOOSAHATCHEE NORTH	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PORTER, BEVERLY	
STREET ADDRESS	360 CALOOSAHATCHEE NORTH	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Beverly Porter**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-743-5848
Date Daytime Phone #

CR2E034 (10/02)