

3/25

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-25-2002 90156 016 ***150.00

DOCUMENT # P01000015323

1. Entity Name
ATLANTIC GIFTS, INC.

Principal Place of Business
1019 MAIN STREET
DAYTONA BEACH FL 32118

Mailing Address
1019 MAIN STREET
DAYTONA BEACH FL 32118

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

88 SOUTH HALIFAX DR**0****ORMOND BEACH FL****32176-6539**

4. FEI Number

59-3696251

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required****8. Name and Address of Current Registered Agent**

HANNA, ELENA
88 SOUTH HALIFAX DRIVE
ORMOND BEACH FL 32176

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

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 \$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 **PST**
 STREET ADDRESS **ELENA HANNA**
 CITY-ST-ZIP **88 SOUTH HALIFAX DR.**
ORMOND BEACH, FL 32176-6539

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12.**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE ☐ Change ☐ Addition
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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 trustee empowered to execute this report as required by Chapter 807, 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:

Elena Hanna
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

(386) 673-6585

Daytime Phone #

CR2E034 (9/01)