

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90195 047 ***150.00

DOCUMENT # P01000031777

1. Entity Name
ATLANTIC SURETIES, INC.

Principal Place of Business

**125 N.E. 8TH STREET, #2
 HOMESTEAD FL 33030**

Mailing Address

**POST OFFICE BOX 901388
 HOMESTEAD FL 33090**

80128403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1135667

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEMOINE, KENNETH D
 14441 S.W. 64TH AVENUE
 MIAMI FL 33158**

Name

Beth Morris

Street Address (P.O. Box Number is Not Acceptable)

125 N.E. 8 STREET

City

Homestead

FL

Zip Code

33030

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

[Signature]

7-8-02

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 13, 2002 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 ☐ Delete
 NAME **PD MORRIS, BETH**
 STREET ADDRESS **125 N.E. 8TH STREET, #2**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE ☐ Delete
 NAME **VD BELLIS, TIMOTHY**
 STREET ADDRESS **125 N.E. 8TH STREET, #2**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE ☐ Delete
 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 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]*

SIGNATURE REQUIRED

ELIZABETH K. MORRIS

305-247-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-8-02

Daytime Phone #

6890

CR2E034 (4/02)

Attachment
B#7010003177
B01284/03

Atlantic Sureties, Inc.
P.O. Box 901388
Homestead, FL 33090

June 8, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

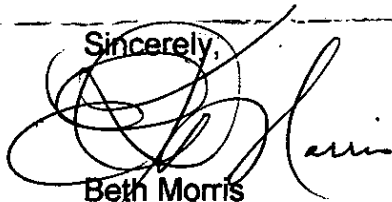
RE: FID#65-1135667
Atlantic Sureties Inc.

To Whom It May Concern:

Per my conversation this past week with your office, our company did not receive our copy of the Uniform Business Report. We have now received a new copy and are requesting that we be reinstated with the fee of \$150 and that the late fees of \$400.00 be waived. Enclosed is the new copy with the appropriate changes and a check in the amount of \$150.00.

Should you have any questions regarding this, please do not hesitate to contact me at (305) 247-6890.

Sincerely,



Beth Morris