

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0043881 AV

DOCUMENT # P01000065008

1. Entity Name  
TRIAD ATLANTIC INCORPORATED



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB -7 PM 3:15

Principal Place of Business  
457 CAP CIR NW  
TALLAHASSEE FL 32301

Mailing Address  
P.O. BOX 467  
TALLAHASSEE FL 32302

2. Principal Place of Business  
1475 Chestnut Ave  
Suite, Apt. #, etc.

3. Mailing Address 1475  
Same Chestnut Ave  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
Tallahassee FL  
Zip  
32303  
Country  
LEON

City & State  
Tallahassee FL  
Zip  
32303  
Country  
LEON

4. FEI Number 59-3730839

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

RAINES, MARK  
3223 BIGOAK ST.  
TALLAHASSEE FL 32311

## 7. Name and Address of New Registered Agent

Name  
William Fenton Langston  
Street Address (P.O. Box Number is Not Acceptable)  
1475 Chestnut Ave  
City  
Tallahassee FL Zip Code  
32303

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 William Fenton Langston FENTON LANGSTON 13103  
(Signature, word or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) 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  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINES, MARK 3223 BIGOAK ST. TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rep FENTON LANGSTON 1475 Chestnut Ave Tallahassee FL 32303	<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	300011994023 02/07/03--01083--001 **20.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300011994023 02/10/03--01002--001 **150.00	<input 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

CR2E034 (10/02)

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 William Fenton Langston FENTON LANGSTON 13103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #