2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 13, 2002 8:00 am Secretary of State

	of Other Designation	INESS REP	וחע	(UDK)		
DOC 1. Entity A	UMENT # P0100	0082145	e •		05-03-2002 90158 036 ***15	0.00
ATLANT	TIS FISH AND CHIPS INC.			,		
Principal P	Mace of Business	Matter And		<u>\</u>	4	
26 SOUTH LAKE DR. 26 SOUTH LAKE DR.					·	
SEAGROVE FL 32459 SEAGROVE FL 32459						
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2. Princina	Il Place of Business	I a value a ca				ŀ
		3. Mailing Address			s wearweak inn auses 1696% ganin abini abisk darim 18670 11690 1789 6 800 6 811 1991	i
*Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	DO NOT WRITE IN THIS SPACE	
City & State		City & State		···········	4. FEI Number 59 2739/44 Applied For	コ
Zip		Zρ	Count	y	S. Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Current Fl	egistered Agent .			7. Name and Address of New Registered Agent	
ARD, NIC	OVOR C			Name		= -
-	TH LAKE DR.		Street Address		P.O. Box Number is Not Acceptable)	-
SEAGROVE FL 32459			-	_		-
}			-	City		╛
B. The above	S Damed Brilly substite this statement for	<u> </u>		•	FL Zip Code	
	e named entity submits this statement for the	ne purpose of changing its	registered	l office or registere	ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent and					1
9 This area				gent signature required w	when rensssing) DATE	
Tax filing	poration is eligible to satisfy its Intangible requirement and elects to do so.	FiLE NOW!! After May 1, 200	1 FEE 19	3 \$150.00	10. Election Campaign Financing \$5.00 May Be	1
(See crite	erla on back)	Make Check Payabl	le to Dep	artment of State		
TITLE	OFFICERS AND DI		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	-
HAME	Nickoel C. ARD	□ Delete . <\cdre{\chi}	TITLE		☐ Change ☐ Addition] <u>§</u>
STREET ADDRESS CITY-ST-ZIP	10 remoci ci i rep	500 FL	O'INCE, N			200
TITLE	1005, cape DK	Quests	CITY-ST-	-207		CR2E034 (9/01)
NAME			TITLE		☐ Change ☐ Addition]8
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DYLE		☐ Oclete	CITY-ST-	200		
NAME			NAME		Change Addition	{
STREET ADDRESS CITY-ST-ZIP	<u> </u>		STREET AL			
ITTLE		☐ Oelsts	CITY-ST-	4H		
NAME Street address	•		NAME		☐ Change ☐ Addition	
CITY-ST-ZIP		-	STREET AD	- · · · ·		l
MLE.		□ Oelete	TITLE	Hr.		
NAME STREET ADDRESS			NAME	1	☐ Change ☐ Addition	
CITY-ST-ZP			STREET ADI	- 1		
TITLE		☐ Delete	TITLE			
TREET ADDRESS			HALAE		☐ Change ☐ Addition	
TY-ST-ZIP	: ·	j	STREET ADD CITY-ST-ZI		l l	1
3. I hereby ce	ertify that the information supplied with this to	iling does not quality for the			n 119.07(3)(i), Florida Statutes. I further certify that the information	ĺ
of the corp. changed, o	oration or the receiver or trastee empowers on an attachment with an address with all	and accurate and that my a d to execute this report as r	ignature s equired b	hall have the same y Chapter 607, Flo	n 119.07(3)(i). Florida Statutes. I hurther certify that the information elegal effect as if made under eath; that I am an officer or director brids Statutes; and that my name appears in Block 11 or Block 12 if	j
	- SALANIZIBOOL	y y wer y ye emgrwered.		1.11	Mas all the second true block 12 ft	ľ
SIGNATU	JHE:	RAME OF ECONING OFFICER OR DO	1///	KUELL:	MKU 7-18-02 850-231.595	6
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