

4/9.

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90069 004 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000091589**

1. Entity Name

ATLANTIC FOAM, INC.

Principal Place of Business

Mailing Address

~~318 OAK LEAF CIRCLE~~ 200 N ELM AVE  
~~LAKE MARY FL 32746~~ SANFORD, FL 32771

~~318 OAK LEAF CIRCLE~~ 200 N. ELM AVE  
~~LAKE MARY FL 32746~~ SANFORD, FL 32771

2. Principal Place of Business

3. Mailing Address

200 N ELM AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

SANFORD FL

City &amp; State

SANFORD FL

Zip

Country

Zip

Country

32771

SEMIWIDE

4. FEI Number

593744647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145

TERRY ALTMAN

Name TERRY ALTMAN

Street Address (P.O. Box Number is Not Acceptable)  
318 OAK LEAF CIR.

City

LAKE MARY

FL

Zip Code

32722

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

Dwight Terry Altman

09-21-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
 NAME ALTMAN, DWIGHT T  
 STREET ADDRESS 318 OAK LEAF CIRCLE  
 CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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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:

Dwight Terry Altman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)