

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90565 001 ***150.00

DOCUMENT # P01000112298

1. Entity Name

ATLANTIC JOG DEVELOPMENT, INC.

Principal Place of Business

**3890 W COMMERCIAL BLVD. SUITE 217
 FT LAUDERDALE FL 33309**

Mailing Address

**3890 W COMMERCIAL BLVD. SUITE 217
 FT LAUDERDALE FL 33309**

2. Principal Place of Business

19249 Bay Leaf Ct.
 Suite, Apt. #, etc.

3. Mailing Address

SALE
 Suite, Apt. #, etc.
 City & State

City & State

Boca Raton, FL

Zip

33498

Country

USA

Zip

Country

4. FEI Number

65-1158519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REMLAND, DAVID S

**3890 W COMMERCIAL BLVD, SUITE 217
 FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

David S. Remland
 Street Address (P.O. Box Number is Not Acceptable)
19249 Bay Leaf Ct.

Boca Raton

FL

Zip Code **33498**

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 NAME ☐ Delete
PD
REMLAND, DAVID S
 STREET ADDRESS **3890 W COMMERCIAL BLVD, SUITE 217**
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE NAME ☐ Delete
STD
GIORGI, JOHN
 STREET ADDRESS **6555 NW 40TH CT**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 (561) 414-1119

CR2E034 (9/01)