

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90070 032 ***150.00

DOCUMENT # P02000085829

1. Entity Name
ATLANTIC FREIGHT MCO, INC.



Principal Place of Business
**1 SLATER DRIVE
ELIZABETH NJ 07206**

Mailing Address
**1 SLATER DRIVE
ELIZABETH NJ 07206**



2. Principal Place of Business
**7270 WESTPONTE BLVD
Suite, Apt. #, etc.
927**

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL

City & State

4. FEI Number
01-0741231

Applied For
☐ Not Applicable

Zip
32835

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**FLORIDA STATE INCORPORATION SERVICES, INC.
8699 PLUTO TERRACE
LAKE PARK FL 33403**

7. Name and Address of New Registered Agent

Name **JEFF MYANA**
Street Address (P.O. Box Number is Not Acceptable)
7270 WESTPONTE BLVD # 927
City **ORLANDO FL** Zip Code **32835**

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, typed or printed name of registered agent and title 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMES, ROB 1 SLATER DRIVE ELIZABETH NJ 07206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TOM BARTLEY 1 SLATER DRIVE ELIZABETH, NJ 07206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERRY BARBARA 1 SLATER DR ELIZABETH, NJ 07206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFF MYANA 7270 WESTPONTE BLVD # 927 ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JEFF PATTERSON 1 SLATER DR. ELIZABETH, NJ 07206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE RECORDED

Date

Daytime Phone #

2/14/03

CR2E034 (10/02)