

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001708

1. Entity Name

ATLANTIC NATIONAL CAPITAL CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90342 027 ***150.00

Principal Place of Business

Mailing Address

~~138 N SWINTON AVE~~
~~DELRAY BEACH FL 33444~~
~~US~~

~~138 N SWINTON AVE~~
~~DELRAY BEACH FL 33444-2634~~
~~US~~

2. Principal Place of Business

6504 CONTEMPO LN

3. Mailing Address

6504 CONTEMPO LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0387752

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMS, R J

~~138 N SWINTON AVE~~
~~DELRAY BEACH FL 33444~~

Name

Street Address (P.O. Box Number is Not Acceptable)

6504 CONTEMPO LN

City

BOCA RATON

FL

Zip Code

33433

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

RT Simms

RT SIMMS

4/30/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS SIMMS RJ
CITY-ST-ZIP 138 N SWINTON AVE
DELRAY BEACH FL 33444

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6504 CONTEMPO LN
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

RT Simms

RT SIMMS

APRIL 29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)