

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90342 006 ***150.00

DOCUMENT # P93000043802

1. Entity Name
ATLANTIC INSURANCE CENTER, INC.

Principal Place of Business
**2510 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306-1601**

Mailing Address
**2510 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306-1601**

00041743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0423787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, THOMAS R 2510 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306-1601		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, THOMAS R	NAME	
STREET ADDRESS	2510 E. OAKLAND PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306-1601	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREINER, RAMONA	NAME	
STREET ADDRESS	2510 E. OAKLAND PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306-1601	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHERYL B	NAME	
STREET ADDRESS	2510 E. OAKLAND PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306-1601	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, TAD W.	NAME	
STREET ADDRESS	2510 E OAKLAND PARK BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Ramona Greiner* Director 4/21/01 954-565-5691
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/21/01 954-565-5691
DATE AND PHONE NUMBER

CR2E034 (10/00)