

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90208 009 \*\*\*150.00

**DOCUMENT # P93000051255**

**1. Entity Name**  
**ATLANTIC RADIATOR, INC.**

**Principal Place of Business**  
**4025 N E 6TH AVE**  
**FORT LAUDERDALE FL 33334**  
**US**

**Mailing Address**  
**4025 N E 6TH AVE**  
**FORT LAUDERDALE FL 33334**  
**US**

**2. Principal Place of Business**  
**4031 NE 6 Street**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**4031 NE 6 Street**  
 Suite, Apt. #, etc.

**City & State**  
**OAKLAND PARK FL**  
**Zip** **33334** **Country**

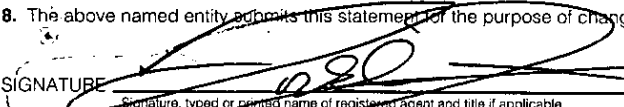
**City & State**  
**OAKLAND PARK FL**  
**Zip** **33334** **Country**

**4. FEI Number** **65-0431285** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**FAUSETT, TONO A**  
**464 N W 41ST**  
**FORT LAUDERDALE FL 33309**

**7. Name and Address of New Registered Agent**  
**Name** **FAUSETT, TODD**  
**Street Address (P.O. Box Number is Not Acceptable)** **4031 NE 6 Street**  
**City** **OAKLAND PARK FL** **Zip Code** **33334**

**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** **4-22-02**  
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).** ☐


**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 STREET ADDRESS CITY-ST-ZIP	PD FAUSETT, TODD A 4286 NE 7TH AVE FORT LAUDERDALE FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D FAUSETT, TODD 464 NW 41 ST FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 persons empowered.**

**SIGNATURE:**  **DATE** **4-22-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0243900 4V CR2E034 (9/01)