

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

May 17, 2001 8:00 am  
Secretary of State

04-24-2001 90028 042 \*\*\*150.00

DOCUMENT # **793000057091**  
1. Entity Name  
**ATLANTIC Properties Inc., OF DAYTONA Be**

Principal Place of Business  
**3280 S. ATLANTIC AVE.**  
**DAYTONA BEACH**  
**FL 32118**

Mailing Address  
**SAME**

2. Principal Place of Business  
**1201 HORTON AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1201 HORTON AVE.**  
Suite, Apt. #, etc.

City & State  
**NEW SMYRNA Bch, FL**  
Zip  
**32169**

City & State  
**NEW SMYRNA Bch, FL**  
Zip  
**32169**

4. FEI Number  
**593220912**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**JANE H. BOBO**  
**801 EAST 2ND AVE.**  
**NEW SMYRNA Bch, FL 32169**

7. Name and Address of New Registered Agent  
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  
**Jane H. Bobo**

DATE  
**April 15, 2001**

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, 2001 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  
**JANE H. BOBO**  
**801 EAST 2ND AVE.**  
**NEW SMYRNA BEACH FL**  
**32169**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 like empowered.

SIGNATURE:  
**Jane H. Bobo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**April 15, 2001**  
DATE

CR2E034 (11/00)