

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067674

1. Entity Name

ATLANTIC GROUP OF PALM BEACH, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90228 036 ***150.00

Principal Place of Business

Mailing Address

~~958 SO DIXIE HWY~~
~~LANTANA FL 33462~~
~~US~~

~~958 SO DIXIE HWY~~
~~LANTANA FL 33462~~
~~US~~

00000016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

934 S. Dixie Hwy 934 S. Dixie Hwy
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Lantana FL Lantana FL

4. FEI Number

65-0439181

Applied For

Not Applicable

Zip

Country

Zip

Country

33462 USA 33462 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

JAAKKOLA, ANNE

~~958 SO DIXIE HWY~~
~~LANTANA FL 33462~~

Name

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

934 S. Dixie Hwy

City

Lantana

FL

Zip Code

33462

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAAKKOLA, ANNE 6837 TORCH KEY ST LAKE CHARLESTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAAKKOLA, HEIKKI 6837 TORCH KEY ST LAKE CHARLESTON FL	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

CR2E034 (10/00)