

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90029 026 ***150.00

DOCUMENT # P95000000578

1. Entity Name
ATLANTIC GULF UTILITIES, INC.

| | |
|---|---|
| Principal Place of Business 13790 NORTHWEST 4TH STREET 113 SUNRISE FL 33325 | Mailing Address 13790 NORTHWEST 4TH STREET 113 SUNRISE FL 33325 |
|---|---|

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 **65-0546743** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE
 200 S BISCAYNE BLVD., STE 4900
 MIAMI FL 33133-5461**

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 _____ 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) ☐

**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 AHERN, PATRICK M C/O AHERN, 2 GREENWICH PLAZA GREENWICH CT 06830 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GITLIN, GENE 4800 NORTH FEDERAL HIGHWAY 105E BOCA RATON FL 33431 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILCOX, R. JOHN II C/O AHERN, 2 GREENWICH PLAZA GREENWICH CT 06830 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WILCOX, ROBERT J C/O AHERN, 2 GREENWICH PLAZA GREENWICH CT 06830 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GIBLIN, E M JR 13790 NORTHWEST 4TH STREET 113 SUNRISE FL 33325 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MILLER, ANDREA 13790 NORTHWEST 4TH STREET 113 FORT LAUDERDALE FL 33325 | <input checked="" type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| P/T/S/D GIBLIN, E.M., JR. 13790 NW 4th ST, STE 113 SUNRISE, FL 33325 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| WILCOX, R. JOHN II C/O AHERN, 2 GREENWICH PLAZA GREENWICH CT 06830 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| WILCOX, ROBERT J C/O AHERN, 2 GREENWICH PLAZA GREENWICH CT 06830 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| GIBLIN, E M JR 13790 NORTHWEST 4TH STREET 113 SUNRISE FL 33325 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MILLER, ANDREA 13790 NORTHWEST 4TH STREET 113 FORT LAUDERDALE FL 33325 | <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: E.M. Giblin, Jr. 4/29/02 (954) 838-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)