

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035182

1. Entity Name

ATLANTIC ENGINEERING, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90487 043 \*\*\*150.00

Principal Place of Business

801 W SR 436  
STE 2011  
ALTAMONTE SPRINGS FL 32712  
US

Mailing Address

801 W SR 436  
STE 2011  
ALTAMONTE SPRINGS FL 32712  
US

2. Principal Place of Business

801 W SR 436

Suite, Apt. #, etc.

STE 2011

3. Mailing Address

529 SPRING HOLLOW BLVD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ALTAMONTE SPRINGS FLORIDA

City & State

APOPKA FLORIDA

4. FEI Number

59-3313211

Applied For

Not Applicable

Zip

32714

Country

SEMINOLE

Zip

32712

Country

ORANGE

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

SAKIZADEH, DARUSH  
529 SPRING HOLLOW BLVD  
APOPKA FL 32712

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

*Darush Sakizadeh*

DARUSH SAKIZADEH

4/24/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	PD SAKIZADEH, DARUSH 529 SPRING HOLLOW BLVD APOPKA FL 32712	<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
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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
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
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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 like empowered.

SIGNATURE:

*Darush Sakizadeh*

DARUSH SAKIZADEH

4/24/00

(407) 772-7808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)