

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054565

1. Entity Name

ATLANTIC VENTURES ASSOCIATED, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90100 020 ***150.00

Principal Place of Business

Mailing Address

800 8TH AVENUE
NEW SMYRNA BEACH FL 32169
US

800 8TH AVENUE
NEW SMYRNA BEACH FL 32169-3204
US

LUUBJ431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1700 N. ATLANTIC AVE.

3. Mailing Address

1700 N. ATLANTIC AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

City & State

New Smyrna Beach FL

4. FEI Number

59-3331062

Applied For

Not Applicable

Zip

Country

32169

Zip

Country

32169

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

WHITTEN, TIMOTHY C
456 BOUCHELLE DR
104
NEW SMYRNA BEACH FL 32169

Name

Whitten, Timothy C.

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

1700 N. ATLANTIC AVE.

City

New Smyrna Beach

FL

Zip Code

32169

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

Timothy C. Whitten

April 2, 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
VDT
WHITTEN, TIMOTHY C.
456 BOUCHELLE DR APT *104
NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1700 N. ATLANTIC AVE. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WHITTEN, DARLENE R.
456 BOUCHELLE DR *104
NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1700 N. ATLANTIC AVE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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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:

Timothy C. Whitten Timothy C. Whitten

4/2/00

(904) 424 9557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)