

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063935

1. Entity Name

ATLANTIC ENVIRONMENTAL, INC.

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

05-17-2000 90933 037 ***150.00

Principal Place of Business

1745 RIDGEWOOD AVE
HOLLY HILL FL 32117

Mailing Address

1030 W. INTERNATIONAL SPKWY
STE 100
DAYTONA BEACH FL 32114

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

233 E. Bay Street

Suite, Apt. #, etc.

Suite 930

City & State

City & State

Jacksonville, Florida

4. FEI Number

59-3341468

Applied For

Not Applicable

Zip

Country

Zip

Country

32202

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

SCHecter, RANDAL L
1030 W INTERNATIONAL SPEEDWAY BLVD.
STE 100
DAYTONA BEACH FL 32114-3415

Name

C. Holt Smith, III

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

233 E. Bay Street

Suite 930

City

Jacksonville

FL

Zip Code

32202

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

C. Holt Smith, III

January, 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
PVST
BENIGNI, GABRIELLE E
1745 RIDGEWOOD AVE
HOLLY HILL FL 32117 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Gabrielle E. Benigni

4-26-00

(904) 677-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)