

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90121 020 ***150.00

DOCUMENT # P96000043728

1. Entity Name
ATLANTIC MANAGEMENT CONSULTING INCORPORATED



Principal Place of Business
**1037 MARANA DR.
NORTH PALM BEACH FL 33408**

Mailing Address
**P.O. BOX 32561
PALM BEACH GARDENS FL 33420**

2. Principal Place of Business
4200 N. OCEAN DR.

3. Mailing Address
4800 N. OCEAN DR

Suite, Apt. #, etc.
1801-2

Suite, Apt. #, etc.
1801-2

City & State
SINGER ISLAND

City & State
SINGER ISLAND

Zip
33404

Country
US

Zip
33404

Country
US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1474062**

Applied For
Not Applicable

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

**HAHN, THOMAS
1037 MARANA DR.
NORTH PALM BEACH FL 33408**

Name

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

**4200 N. OCEAN DR.
#1801-2**

City

SINGER ISLAND

FL

Zip Code

33404

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
HAHN, THOMAS R
P.O. BOX 32561
PALM BEACH GARDENS FL 33420**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**#
4200 N. OCEAN DR #1801-2
SINGER ISLAND FL 33404**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-03

561-841-7639

Date

Daytime Phone #

CR2E034 (10/02)