

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092251

1. Entity Name

ATLANTIC CONSTRUCTION, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90114 021 ***150.00

Principal Place of Business

3911 NE 27TH TERR
LIGHTHOUSE POINT FL 33064
US

Mailing Address

1501 SE 4TH AVENUE
FT LAUDERDALE FL 33316
US

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2. Principal Place of Business

380 S.E. 1ST TERR.

Suite, Apt. #, etc.

3. Mailing Address

380 S.E. 1ST TERR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach

Zip

FL

Country

U.S.

City & State

Pompano Beach

Zip

33060

Country

U.S.

4. FEI Number

65-0793369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKS, ROBERT
1501 S.E. 4TH AVENUE
FT LAUDERDALE FL 33316

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

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing -
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME MARKS, ROBERT D
STREET ADDRESS 1501 SE 4TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33316

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Robert D. Marks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 (954) 646-1523
Date Daytime Phone #

CR2E034 (10/00)