

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P96000100014*

1. Entity Name  
*Atlantic Towing Corporation*

**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**

06-23-2000 90105 037 \*\*\*150.00

Principal Place of Business      Mailing Address  
*1710 W. Lake Brantley*      *Same.*  
*Longwood, Florida 32779*

*00066036*

2. Principal Place of Business      3. Mailing Address  
*1710 W. Lake Brantley Rd*      *1710 W. Lake Brantley Rd*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
  
City & State      City & State  
*Longwood, Florida.*      *Longwood, Florida.*  
Zip      Zip      Country      Country  
*32779*      *32779*      *Seminole*      *Seminole*

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
*59-3422011*      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

*Marti Mattingly*  
*1710 W. Lake Brantley Rd.*  
*Longwood Florida 32779*

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)

**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

TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Marti Mattingly</i>	
STREET ADDRESS	<i>1710 W. Lake Brantley Rd.</i>	
CITY-ST-ZIP	<i>Longwood, FL 32779</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: *Marti Mattingly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6-14-00*

Date

*407-862-0885*

Daytime Phone #