

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90178 031 ***150.00

DOCUMENT # P96000100014

1. Entity Name

Atlantic Towing Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1710 W. Lake Brantley Rd

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State

4. FEI Number

59-3422011

Applied For

Not Applicable

Zip
32779Country
USA

Zip

Country

5. Certificate of Status Desired -- ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Marguerite Mattingly

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

1710 W. Lake Brantley Rd

City
Longwood,

FL

Zip Code
32779

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

Amount: \$150.00
Date: May 1, 2002
Amount: \$150.00
Amount: \$150.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D/P Marguerite Mattingly 1710 W. Lake Brantley Rd Longwood, FL 32779
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

407-830-6670

Date

Daytime Phone #