

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91167 022 ***150.00

*NIC Not
Tried*

DOCUMENT #

1. Entity Name **P97000025331**

A&T PROPERTIES OF FLORIDA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1220 SW 35th Ave St.C

Suite, Apt. #, etc.

3. Mailing Address

1220 SW 35th Ave St.C

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, FL

Zip **33426**

Country

City & State

Boynton Beach, FL

Zip **33426**

Country

4. FEI Number

65-0743473

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Gallacher, Susan

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

1220 SW 35th Avenue, St. C

City

Boynton Beach

FL

Zip Code

33426

**DO NOT WRITE
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

**PTD
Ahern, Thomas
36 Princeton Lane
Fairport, NY 14450**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VDS
Ahern, Allison
36 Princeton Lane
Fairport, NY 11450**

TITLE
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CITY-ST-ZIP

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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

Susan Gallacher
Susan Gallacher

Date

4/30/02

Daytime Phone #

**561
7345501**

CR2E034B (12/01)