

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033102

1. Entity Name

ATLANTIC MARKETING, INC.

Principal Place of Business

231 ROYAL POINCIANA WAY
PALM BEACH FL 33480

Mailing Address

231 ROYAL POINCIANA WAY
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROGERS, MARY L
206 MEDITERRANEAN RD.
PALM BEACH FL 33480

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) ☐

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. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SOMERS ROGERS, JOHN	
STREET ADDRESS	206 MEDITERRANEAN ROAD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROGERS, PELL S	
STREET ADDRESS	206 MEDITERRANEAN RD	
CITY-ST-ZIP	PALM BCH FL 32348	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROGERS, MARY LYNN	
STREET ADDRESS	206 MEDITERRANEAN ROAD	
CITY-ST-ZIP	PALM BEACH FL 33480	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Mary Lynn Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01
Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90099 001 ***158.75

HP055550



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0743671** ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

0324957

CR2E034 (10/00)