

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 06, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000075541

1. Entity Name
ATLANTIC CONTROLS CORPORATION

Principal Place of Business
904 ANASTASIA BLVD
SAINT AUGUSTINE FL 32084 US

Mailing Address
904 ANASTASIA BLVD
SAINT AUGUSTINE FL 32084 US

2. Principal Place of Business
904 ANASTASIA BLVD

3. Mailing Address
904 ANASTASIA BLVD

Suite, Apt. #, etc.

City & State
SAINT AUGUSTINE FL

City & State
SAINT AUGUSTINE FL

Zip Country
32080 US

4. FEI Number
59-3465970

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN ANTHONY W
904 ANASTASIA BLVD
ST AUGUSTINE FL 32084 US

7. Name and Address of New Registered Agent

Name
BROWN ANTHONY W

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

City
ST AUGUSTINE FL Zip Code
32080

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)

07/06/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD BROWN ANTHONY W ☐ Delete
904 ANASTASIA BLVD
SAINT AUGUSTINE FL 32084

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ 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: Anthony W. Brown

PSTD 07/06/2000