

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000085186

1. Entity Name

ATLANTIC PRIVATE CAR SERVICE, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90118 022 \*\*\*150.00

Principal Place of Business

295 SE ST LUCIE BLVD  
SUITE 104  
STUART FL 34996  
US

Mailing Address

11000 PROSPERITY FARMS ROAD  
SUITE 104  
PALM BEACH GARDENS FL 33410-3462

2. Principal Place of Business

295 SE St Lucie Blvd  
Suite, Apt. #, etc.

3. Mailing Address

295 SE St Lucie Blvd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number 65-0790245

Applied For  
Not Applicable

Zip 34996

Country Martin

Zip 34996

Country Martin

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

PETER, RENE PA  
11000 PROSPERITY FARMS RD  
SUITE 104  
PALM BEACH GARDENS FL 33410

Name Jami Zabrawskas

Street Address (P.O. Box Number is Not Acceptable)  
295 SE St. Lucie Blvd

City Stuart FL Zip Code 34996

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 Jami Zabrawskas Jami Zabrawskas 1/27/00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZABRAUSKAS, JAMI 295 S.E. ST. LUCIE BLVD. STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZABRAUSKAS, JAMI 295 S.E. ST. LUCIE BLVD. STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jami Zabrawskas Jami Zabrawskas, VP 1/27/00 223-5311  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)