

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90023 013 ***150.00

DOCUMENT # P97000095835

1. Entity Name

ATLANTIC INVESTIGATIONS & CONSULTANTS, INC.

Principal Place of Business

**3364 NORTHEAST SUGARHILL AVE.
 JENSEN BEACH FL 34957**

Mailing Address

**3364 NORTHEAST SUGARHILL AVE.
 JENSEN BEACH FL 34957**

2. Principal Place of Business

121 Queens Road
 Suite, Apt. #, etc.

3. Mailing Address

121 Queens Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce FL

City & State

Fort Pierce FL

4. FEI Number

65-0790507

Applied For

Not Applicable

Zip

34944

Country

ST. LUCIE

Zip

34944

Country

ST. LUCIE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, JAY T.
 3364 NORTHEAST SUGARHILL AVE.
 JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name

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

121 Queens Road

City

FT PIERCE

FL

Zip Code

34944

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 **PTD** ☐ Delete
 NAME **MILLER, JAY T**
 STREET ADDRESS **3364 NORTHEAST SUGARHILL AVE.**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VPSD** ☐ Delete
 NAME **ASKELAND, GUNNAR A**
 STREET ADDRESS **3364 NORTHEAST SUGARHILL AVE.**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **121 Queens Road**
 CITY-ST-ZIP **Fort Pierce FL 34944**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1396 Palm City Road**
 CITY-ST-ZIP **Stuart FL 34994**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY T. MILLER 3/13/01 561-464-5006

Date

Daytime Phone #

CR2E034 (10/00)