

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90093 022 ***550.00

0011947 AV

DOCUMENT # P97000104066

1. Entity Name

ATLANTIC PREFERRED HOLDING COMPANY

Principal Place of Business

201 EAST PINE ST.
 STE. 600
 ORLANDO FL 32801-2719
 US

Mailing Address

201 EAST PINE ST.
 STE. 600
 ORLANDO FL 32801-2719
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 605 Crescent Executive Court

3. Mailing Address
 PO Box 530021

Suite, Apt. #, etc.
 Suite, 416

Suite, Apt. #, etc.

City & State
 Lake Mary, FL

City & State
 Orlando, FL

4. FEI Number **59-3498539**

Applied For
 Not Applicable

Zip
 32746

Country
 USA

Zip
 32853-0021

Country
 USA

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

GRELECKI, RICHARD T
201 E PINE STREET
SUITE 600
ORLANDO FL 32801

Name
Richard Grelecki

Street Address (P.O. Box Number is Not Acceptable)
605 Crescent Executive Court

Suite 416

City **Lake Mary** **FL** Zip Code **32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/12/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
DP
GRELECKI, RICHARD T
201 E PINE ST, STE 600
ORLANDO FL 32801 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
KEEFE, LOIS R
201 E PINE ST, STE 600
ORLANDO FL 32801 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVT
GONZALES, CAROL
201 E PINE STREET, STE 600
ORLANDO FL 32801 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DS
JAMES, THOMAS
201 E PINE ST, STE 600
ORLANDO FL 32801 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DST
James, Thomas
605 Crescent Executive Court Suite 416
Lake Mary, FL 32746 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
CLICK, REBECCA
201 E PINE ST, STE 600
ORLANDO FL 32801 ☒ Delete

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

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:

SIGNATURE REQUIRED

9/12/02
 Date

407 833 4017
 Daytime Phone #

CR2E034 (4/02)