

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90352 030 ***150.00

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DOCUMENT # P98000058965

1. Entity Name

ATLANTIC YACHT MANAGEMENT, INC.



Principal Place of Business
**6095 BIRCHTREE TERRACE
LAKE WORTH FL 33467**

Mailing Address
**6095 BIRCHTREE TERRACE
LAKE WORTH FL 33467**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0849098**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, MICHAEL
1005 10TH TERR
PALM BEACH GARDENS FL 33418**

Name **MICHAEL MITCHELL**

Street Address (P.O. Box Number is Not Acceptable)
6095 BIRCHTREE TERRACE

City **LAKE WORTH**

FL

Zip Code **33467**

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

Michael Mitchell

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

(NOTE: Registered Agent signature required when reinstating)

4/15/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☐ Delete
NAME **MITCHELL, MICHAEL**
STREET ADDRESS **1005 10TH TERR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **PTSD** ☒ Change ☐ Addition
NAME **M. MITCHELL, MICHAEL**
STREET ADDRESS **6095 BIRCH TREE TERRACE**
CITY-ST-ZIP **LAKE WORTH FL 33467**
ADDRESS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

561-762-8095

Daytime Phone #

CR2E034 (10/02)