

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90024 024 ***150.00

DOCUMENT # P98000059957

1. Entity Name

ATLANTIC FUEL SERVICES, INC.

Principal Place of Business

**1400 NW 13TH AVENUE
POMPANO BEACH FL 33069**

Mailing Address

**1411 NW 13TH AVE
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

6600 N.W. 12TH Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

City & State

City & State

St. Landeardale, FL

Zip

Country

Zip

Country

33309

4. FEI Number

65-0861649

Applied For

Not Applicable

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

**SCHOTTENFELD, DAVID J ESQ
DAVID J. SCHOTTENFELD, P.A.
7520 NW 5 STREET - SUITE 203
PLANTATION FL 33317**

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **LEVITSSKY, MICHAEL R**
STREET ADDRESS **1411 NW 13TH AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **DV** ☐ Delete
NAME **FEAGLE, JOHN**
STREET ADDRESS **1411 NW 13TH AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **DC** ☐ Delete
NAME **BETTS, NICHOLAS**
STREET ADDRESS **11 BROWN AVE**
CITY-ST-ZIP **DARMOUTH, NOVA SCOTIA B3-BIX8**

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

TITLE **DST** ☐ Delete
NAME **LEVERMAN, PHIL**
STREET ADDRESS **11 BROWN AVE**
CITY-ST-ZIP **DARMOUTH, NPVA SCOTIA B3-BIX8**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)(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:

Michael R. Levitsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Levitsky

4/23/01

Date

954-689-3730

Daytime Phone #

CR2E034 (10/00)