

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90330 001 \*\*\*600.00

**DOCUMENT # P98000059957**

**1. Entity Name**  
**ATLANTIC FUEL SERVICES, INC.**



**Principal Place of Business**  
**1400 NW 13TH AVENUE**  
**POMPANO BEACH FL 33069**

**Mailing Address**  
**6600 NW 13TH AVE**  
**STE 205**  
**FORT LAUDERDALE FL 33309**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**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. 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) 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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** **DV** ☒ Change ☐ Addition  
**NAME** **Feagle, John**  
**STREET ADDRESS** **354 Cypress Road**  
**CITY-ST-ZIP** **Ocala, FL 34472**

**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** **DP** ☒ Delete  
**NAME** **LAVITSKY, MICHAEL R**  
**STREET ADDRESS** **1400 NW 13TH AVENUE**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33069**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **Levitsky, Michael R**  
**STREET ADDRESS** **6600 NW 12th Avenue, Suite 205**  
**CITY-ST-ZIP** **Fort Lauderdale, FL 33309**

**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**

**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:** SIGNATURE REQUIRED Michael R. Levitsky 4/21/03 954-689-3730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0684513 FP

CR2E034 (10/02)