

2001 UNIFORM BUSINESS REPORT

P98000063671

DOCUMENT # P98000063671

1. Entity Name

SOUTH ATLANTIC INVESTMENT CORP.

Principal Place of Business

Mailing Address

7378 W. ATLANTIC BLVD, #136
MARGATE, FL 33063

7378 W ATLANTIC BL
#136
MARGATE, FL 33063

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

65-0852432

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

PAUL M. BLOOMGARDEN
PINE ISLAND COMMONS
8551 WEST SUNRISE BLVD.
FORT LAUDERDALE, FL 33322

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	DIRECTOR	<input type="checkbox"/> Delete
NAME	GERIE HEDRICK	
STREET ADDRESS	7378 W. ATLANTIC BLVD, #286	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	RONALD HEDRICK	
STREET ADDRESS	7378 W. ATLANTIC BLVD #136	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	RONALD HEDRICK	
STREET ADDRESS	7378 W. ATLANTIC BLVD, #136	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ANTHONY BRENGMAN	
STREET ADDRESS	5491 SW 5TH ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33023	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	GERIE HEDRICK	
STREET ADDRESS	7378 W. ATLANTIC BLVD, #286	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	GERIE HEDRICK	
STREET ADDRESS	7378 W. ATLANTIC BLVD #286	
CITY-ST-ZIP	MARGATE, FL 33063	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500003575595--3	
CITY-ST-ZIP	-01/26/01--01007--004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gerrie Hedrick* (DIRECTOR) SEC/TREAS

(954) 968-1969 (954) 2706381
GERIE HEDRICK 1-24-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

FILED

01 JAN 25 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE