

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000069271****1. Entity Name**
ATLANTIC GULF WHOLESALE, INC.**Principal Place of Business**
9736 HOLLOWBROOK DRIVE
PENSACOLA FL 32514**Mailing Address**
9736 HOLLOWBROOK DRIVE
PENSACOLA FL 32514**2. Principal Place of Business****3. Mailing Address****P.O. Box 10624, PENSACOLA, FL 32524**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL**4. FEI Number****59-3530457**

Applied For

Not Applicable

Zip

Country

32524

Country

Escambia**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****THOMAS, ROBERT T**
9736 HOLLOWBROOK DRIVE
PENSACOLA FL 32514

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, 2002 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**
NAME
STREET ADDRESS
CITY-ST-ZIP
P THOMAS, ROBERT T
9736 HOLLOWBROOK DR
PENSACOLA FL 32514☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
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☐ Delete**TITLE**
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☐ Delete**TITLE**
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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:****Robert T. Thomas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-7-02**

Date

850-478-8757

Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90004 015 ***150.00

901337

DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)