

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081508

1. Entity Name

ATLANTIC FINANCIAL CORPORATION

Principal Place of Business

319 CLEMATIS ST.
SUITE 203
WEST PALM BEACH FL 33401

Mailing Address

319 CLEMATIS ST.
SUITE 203
WEST PALM BEACH FL 33401

2. Principal Place of Business

1401 Village Blvd.

3. Mailing Address

1401 Village Blvd.

Suite, Apt. #, etc.

#1517

Suite, Apt. #, etc.

#1517

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33409

Country

Zip

33409

Country

4. FEI Number

65-0868647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORIZAS, DION M
1401 VILLAGE BLVD., #1517
W. PALM BCH FL 33409

7. Name and Address of New Registered Agent

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	DORIZAS, DION M	
STREET ADDRESS	1401 VILLAGE BLVD. 1517	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700004548227-3	
STREET ADDRESS	-08/22/01--01019--017	
CITY-ST-ZIP	****150.00 ****150.00	
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		
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:

Dion M. Dorizas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 10 AM 11:58



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment Doc # PA8000081508

Atlantic Financial Corporation

1401 Village Boulevard, #1517
West Palm Beach, Florida 33409

Telephone (561) 615-7146

August 1, 2001

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 2001 Uniform Business Report

To Whom It May Concern:

This is a request to waive the late filing penalties for the 2001 Uniform Business Report due May 1, 2001. I enclose a check for the regular fee of \$150.00.

In making this request, please consider the following circumstance.

On April 22, 2001, I suffered a stroke and was taken to the Good Samaritan Hospital in West Palm Beach. As a result of this life-threatening condition, the left half of my body was paralyzed. I was confined at the hospital for 9 days ~~after the operation~~, after which I was taken to the Rehabilitation Center. There I was confined for another one and half months before I was released to continue therapy at home.

Since I am the sole officer and the only employee of the corporation, nobody attended to the affairs of the corporation during such time of disability, when the UBR became due. It was not until I was released from the Rehab Center and had my office facilities moved to my home while still recuperating that I had the chance to complete and send said report.

I look forward to your consideration in this matter. I enclose copy of letter from my doctor related to the above for your reference.

Sincerely yours,


Dion M. Dorizas
President