## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

## P98000082901

1. Entity	UMENT # P9800  VNAME  VNAME  ATLANTIC DEVELOPMENT CO	00082901	ORT (UBR)	Jan 16, 200 Secretary 01-16-2003 90127	of State
SUITE 10	l Place of Business RTLEY ROAD 18 WILLE FL 32257	Mailing Address 2955 HARTLEY ROA SUITE 108 JACKSONVILLE FL (			90003833
	oal Place of Business	3. Mailing Address			
Suite, ,	Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAK	
Zip	Country	City & State		4. FEI Number 59-3535457	Applied For Not Applicable
<del></del>	6 Name and Add	,	Country	5. Certificate of Status Desired	\$8.75 Additional
,	6. Name and Address of Current F	egistered Agent		7. Name and Address of New Registers	Fee Required
2955 H. SUITE 1	INA, GREGORY E ARTLEY ROAD 108 DNVILLE FL 32257	in the stage can	Street Addre	ss (P.O. Box Number is Not Acceptable)	
Afte	Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of Si	title if applicable. (N	OTE: Registered Agent signature requi	red when reinstating)  DATE  9. Election Campaign Financing	
10.	OFFICERS AND DIF				\$5.00 May Be Added to Fees
THILE	טן		11.	ADDITIONS/CHANGES TO OFFICERS AN	1
NAME STREET ADDRESS CITY-ST-ZIP	MATOVINA, GREGORY E 2955 HARTLEY ROAD, SUITE 108 JACKSONVILLE FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATE OF THE STATE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE   NAME	·	☐ Delete	TITLE		

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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

SIGNATURE: \_

STREET ADDRESS

iTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-292-0278

**FILED** 

☐ Addition