

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90287 001 \*\*\*476.25

**DOCUMENT # P98000100532**

1. Entity Name

**ATLANTIC BUILDING & EXPORT, INC.**

Principal Place of Business

**3170 SE WAALER ST  
 STUART FL 34997**

Mailing Address

**P O BOX 3016  
 STUART FL 34995-3016**

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

**65-0879523**

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

**PERRY, STEVEN L  
 2081 E OCEAN BLVD  
 2ND FLOOR  
 STUART FL 34994**

*Address Change  
 Only*

Name

Street Address (P.O. Box Number is Not Acceptable)

**Monterey Triangle Fourth Floor**

**2400 SE FEDERAL HIGHWAY**

City

**Stuart**

**FL**

Zip Code

**34994**

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 **D** ☒ Delete  
 NAME **CORRIGAN, THERESA R**  
 STREET ADDRESS **3170 SE WAALER ST**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CORRIGAN, DAVID H SR**  
 STREET ADDRESS **4063 SE JACARANDA ST**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4289 SE BOXLEAF PLACE**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ Delete  
 NAME **CORRIGAN, RAYMOND M**  
 STREET ADDRESS **2161 MIDTOWN**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **VICE PRESIDENT** ☒ 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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 605, 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:

**DAVID H CORRIGAN SR**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/23/02**

CR2E034 (9/01)