

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90170 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
MORTEREY TRANGLE 4TH FLOOR
2400 SE FEDERAL HWY
STUART FL 34994

Name

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

MONTEREY TRIANGLE 4TH FLOOR

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CORRIGAN, DAVID H SR**
STREET ADDRESS **4289 SE BOXLEAF PLACE**
CITY-ST-ZIP **STUART FL 34997**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **5485 ORCHID BAY DRIVE**
CITY-ST-ZIP **PALM CITY, FL 34940**

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

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)