

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90048 023 ***150.00

0012914 AV

DOCUMENT # P98000101209

1. Entity Name
ATLANTIC INTERNATIONAL, INC.

Principal Place of Business
599 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176

Mailing Address
P.O. BOX 2142
ORMOND BEACH FL 32175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
392 Fleming Ave
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2142
 Suite, Apt. #, etc.

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number **59-3545952**

Applied For
 Not Applicable

Zip **32174** Country **USA**

Zip **32175** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HO, WILLIAM
599 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name **Ho, William**
 Street Address (P.O. Box Number is Not Acceptable)
392 Fleming Ave
Ormond Beach, FL 32174
 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 Delete
 NAME **PD HO, WILLIAM W**
 STREET ADDRESS **599 SOUTH ATLANTIC AVENUE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME **PD HO, William W**
 STREET ADDRESS **FL 32174**
 CITY-ST-ZIP **392 Fleming Ave, Ormond Beach**

TITLE Delete
 NAME **STD HO, SARAH H**
 STREET ADDRESS **599 SOUTH ATLANTIC AVENUE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME **STD HO, Sarah H**
 STREET ADDRESS **FL 32174**
 CITY-ST-ZIP **392 Fleming Ave, Ormond Beach**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Delete
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 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 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02 386-677-0934
 Date Daytime Phone #

CR2E034 (9/01)