

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107665

1. Entity Name

ATLANTIC INTERNET, INC.

Principal Place of Business

621 N.W. 53RD STREET  
BOCA RATON FL 33487

Mailing Address

621 N.W. 53RD STREET  
BOCA RATON FL 33487-8235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WHEELUS, CHARLES  
621 N.W. 53RD STREET  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

JIM SCOTT

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

980 NORTH FEDERAL HWY

SUITE 434

City

BOCA RATON

FL

Zip Code

33430

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

JIM SCOTT

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	WHEELUS, CHARLES	
STREET ADDRESS	466 HARDWOOD PL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT	
STREET ADDRESS	1273 SPUCEWOOD WAY	
CITY-ST-ZIP	UNIONTOWN OH	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HITE, KENNETH	
STREET ADDRESS	8648 W BAY COLONY DR	
CITY-ST-ZIP	INDIANAPOLIS IN	
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JAMES	
STREET ADDRESS	621 NW 53RD STREET #135	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90003 008 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0887968** ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)