

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019466

1. Entity Name
ATLANTIC INTERNATIONAL MARKETING GROUP, INC.

Principal Place of Business
300 FIFTH AVENUE SOUTH
SUITE 213
NAPLES FL 34102

Mailing Address
300 FIFTH AVENUE SOUTH
SUITE 213
NAPLES FL 34102

2. Principal Place of Business
1004 Collier Center Way
Suite, Apt. #, etc.
Suite 204
City & State
Naples, FL
Zip 34110 Country USA
3. Mailing Address
1004 Collier Center Way
Suite, Apt. #, etc.
Suite 204
City & State
Naples, FL
Zip 34110 Country USA

4. FEI Number 65-0902916
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEBER, MARK
300 FIFTH AVENUE SOUTH
SUITE 213
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name Weber, Mark
Street Address (P.O. Box Number is Not Acceptable)
1004 Collier Center Way
Suite 204
City Naples
FL Zip Code 34110

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 NAME STREET ADDRESS CITY-ST-ZIP	PDC HOLZHAUSEN, GREG 300 FIFTH AVE., SOUTH, SUITE 213 NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, JULIE 365 FIFTH AVENUE SOUTH, APT. 213 NAPLES FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBER, MARK 300 FIFTH AVE., SOUTH, SUITE 213 NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other, like empowered.

SIGNATURE:

MARK C WEBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90124 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

3/2/02 941-435-1810
Date Daytime Phone #