

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 042 ***158.75

DOCUMENT # P99000032983

1. Entity Name

ATLANTIC INTERNATIONAL INSTITUTE, INC.



00001704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2725 College ST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 440560

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

Zip

32205

Country

USA

City & State

Jacksonville, FL

Zip

32205

Country

USA

4. FEI Number

59-3568212

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard L. Frisby

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

2725 College St

City

Jacksonville

FL

Zip Code

32205

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

Richard L. Frisby, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

3-22-03

DATE

January 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$6125

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Richard L. Frisby, Jr.
2725 College ST, Jacksonville
FL, 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-03

Date

904-381-1935

Daytime Phone #

CR2E034B (12/02)