

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90016 027 \*\*\*550.00

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AV

**DOCUMENT # P99000051649**

1. Entity Name  
**ATLANTIC REAL ESTATE ASSOCIATES, INC.**



Principal Place of Business  
**2155 SOUTH OCEAN BLVD. #14**  
**DELRAY BEACH FL 33483**

Mailing Address  
**2155 SOUTH OCEAN BLVD. #14**  
**DELRAY BEACH FL 33483**

00000424



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0927969**  
 Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent  
**NAGLE, GARY J ESQUIRE**  
**2155 SOUTH OCEAN BLVD. #14**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SPALDING, VAUGHAN</b>	
STREET ADDRESS	<b>2155 SOUTH OCEAN BLVD., #14</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>P-D-S-T-I-K-I</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HARRIS, VIKI</del>	
STREET ADDRESS	<del>4845 PEARSON ROAD</del>	
CITY-ST-ZIP	<del>DELRAY BEACH, FL 33445</del>	
TITLE	<b>P-S-T-I-D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shirley Spalding</b>	
STREET ADDRESS	<b>2155 South Ocean Blvd.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483</b>	
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:** *Shirley A. Spalding* **SIGNATURE REQUIRED** **SHIRLEY A. SPALDING** 7/19/01 561-272-3973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)