

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90014 026 \*\*\*150.00

**DOCUMENT # P99000054041**

1. Entity Name  
**ATLANTIC LENDING CORPORATION**

Principal Place of Business Mailing Address  
**9123 N. MILITARY TRAIL, STE. 218** **9123 N. MILITARY TRAIL, STE. 218**  
**PALM BEACH GARDENS FL 33410** **PALM BEACH GARDENS FL 33410**

2. Principal Place of Business 3. Mailing Address  
**9123 N. Military Trl.** **9123 N. Military Trl.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Ste. 218** **Ste. 218**  
 City & State City & State  
**P.B.G.** **P.B.G.**  
 Zip Country Zip Country  
**FL 33410 Palm Beach** **33410 Palm Beach**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0925986** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROSEN, PETER M**  
**9123 N. MILITARY TRAIL, STE 218**  
**PALM BEACH GARDENS FL 33410**

Name **Peter M. Rosen**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9123 N. Military Trl. Ste 218**  
 City **Palm Beach Gardens FL** Zip Code **33410**

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 **Peter M. Rosen** DATE **1/30/01**  
 Signature, typed or printed name of registered agent and title if applicable. (None. Registered Agent signature required when reinstating)

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, 2001 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	<b>D</b> <b>ROSEN, PETER M</b> <b>9123 N. MILITARY TRAIL, STE. 218</b> <b>PALM BEACH GARDENS FL 33410</b>	<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	<b>D</b> <b>MCNAUGHTON ROSEN, SUSANA M</b> <b>9123 N. MILITARY TRAIL, STE 218</b> <b>PALM BEACH GARDENS FL 33410</b>	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: **Peter M. Rosen** Date **1/30/01** Daytime Phone # **(561) 630-2910**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)