FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91756 048 ***150.00

DOCUMENT # P990000 72819

1. Entity Name

ATLANTIC SALES & LEASING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
825 B LENORA STREET	825 B LENORA STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH, FL.	City & State: DAYTONA BEACH, FL
Zip: 32114 Country: USA	Zip: 32114 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3594632 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TODD S WOOD

Street Address (P.O. Box Number is Not Acceptable): 825 B LENORA STREET

City: DAYTONA BEACH FL Zip Code: 32114

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: TODD S. WOOD / PRESIDENT 4-30-2002
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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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
NAME	TODD S. WOOD
STREET ADDRESS	825 B. LENORA ST.
CITY-ST-ZIP	DAYTONA BEACH, FL. 32114
TITLE	VP
NAME	JAYNE C. WOOD
STREET ADDRESS	825 B LENORA ST
CITY-ST-ZIP	DAYTONA BEACH, FL. 32114
TITLE	
NAME	
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CR2E034B (12/01)

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

SIGNATURE: TODD S. WOOD / PRESIDENT 4-30-2002 386-253-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #