

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90315 020 \*\*\*150.00

**DOCUMENT # P99000090097**

1. Entity Name

**ATLANTIC AQUALINE, INC.**

Principal Place of Business

1155 SOUTH CONGRESS AVENUE  
 SUITE 2  
 DELRAY BEACH FL 33445

Mailing Address

1155 SOUTH CONGRESS AVENUE  
 SUITE 2  
 DELRAY BEACH FL 33445

75736



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Suite 9*

Suite, Apt. #, etc.

*Suite 9*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0989754**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MAURER, JANI E ESQ.**  
**500 N.E. SPANISH RIVER BLVD.**  
**SUITE 27**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name *Gail Anderson*  
 Street Address (P.O. Box Number is Not Acceptable) *5582 Bermuda Dunes Circle*  
 City *Lake Worth* FL Zip Code *33463*

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

*Gail Anderson*

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ANDERSON, GAIL 5582 BERMUDA DUNES CIRCLE LAKE WORTH FL 33463</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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 an other like empowered.

SIGNATURE:

*Gail Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/01*

Date

Daytime Phone #