## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2000 8:00 am Secretary of State DOCUMENT # **P99000090253** ATLANTIC EAST TITLE, INC. 05-06-2000 90126 001 \*\*\*300.00 Principal Place of Business Mailing Address 110 EAST ATLANTIC AVENUE #250 110 EAST ATLANTIC AVENUE #250 DELRAY BEACH FL 33444-3735 **DELRAY BEACH FL 33444** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0989318 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JODI B. GREEN, P.A. Street Address (P.O. Box Number is Not Acceptable) 110 EAST ATLANTIC AVENUE #250 **DELRAY BEACH FL 33444** City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change PTD TITLE ☐ Delete TITLE GREEN, JODI B NAME NAME STREET ADDRESS 110 EAST ATLANTIC AVENUE #250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-7IP CITY-ST-ZIP Change ☐ Addition Delete\_ TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.