

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90102 019 ***150.00

00042931

DOCUMENT # P99000104472

1. Entity Name
A-ATLANTIC AUTO INSURANCE EAST CORP.

Principal Place of Business
5070-N. DIXIE HWY
FT. LAUDERDALE, FL 33334

Mailing Address
5070-N. DIXIE HWY
FT. LAUDERDALE, FL 33334

2. Principal Place of Business
5062-N. DIXIE HWY
 Suite, Apt. #, etc.

3. Mailing Address
3000-N. UNIVERSITY DR.
 Suite, Apt. #, etc.
SUITE E

City & State
FT. LAUDERDALE, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
65-0946519

Applied For
☐ Not Applicable

Zip
33334

Country
USA

Zip
33065

Country

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

Name
KENNETH A. POWERS
Street Address (P.O. Box Number is Not Acceptable)

3130-N.W. 108th AVENUE

City CORAL SPRINGS **FL** **Zip Code** 33065

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 X Kenneth A. Powers

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME KENNETH A. POWERS
STREET ADDRESS 3130-N.W. 108th AVE.
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: X Kenneth A. Powers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

954 346 7288

Daytime Phone #

CR2E034 (11/00)