

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90306 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S65217 1. Entity Name ATLANTIC MANAGEMENT BROKERAGE SERVICES, INC.																															
Principal Place of Business 478 SUNSET RD ENTERPRISE, FL 32725 US		Mailing Address 478 SUNSET RD ENTERPRISE, FL 32725 US																													
2. Principal Place of Business 582 N. VOLUSIA AVE Suite, Apt. #, etc.		3. Mailing Address 1365 E. HUBBARD AVE Suite, Apt. #, etc.																													
City & State ORANGE CITY FL		City & State DELAND FL																													
Zip 32763 Country USA		Zip 32724 Country USA																													
6. Name and Address of Current Registered Agent SPINNEY, MELISSA A 478 SUNSET RD ENTERPRISE, FL 32725		7. Name and Address of New Registered Agent Name ALLEN, MEUSSA A. Street Address (P.O. Box Number is Not Acceptable) 1365 E. HUBBARD AVE City DELAND FL Zip Code 32724																													
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Melissa A. Allen</i></u> MEUSSA A. ALLEN DATE 4/28/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing)</small>																															
FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE PVST NAME SPINNEY, MELISSA A STREET ADDRESS 478 SUNSET RD CITY-ST-ZIP ENTERPRISE, FL 32725 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> </table>		TITLE PVST NAME SPINNEY, MELISSA A STREET ADDRESS 478 SUNSET RD CITY-ST-ZIP ENTERPRISE, FL 32725	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE PVST NAME ALLEN, MELISSA A. STREET ADDRESS 1365 E. HUBBARD AVE CITY-ST-ZIP DELAND FL 32724 </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> </table>		TITLE PVST NAME ALLEN, MELISSA A. STREET ADDRESS 1365 E. HUBBARD AVE CITY-ST-ZIP DELAND FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE: <u><i>Melissa A. Allen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/28/03 3868221151 <small>Date Daytime Phone #</small>																													

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☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)