

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V34029

1. Entity Name

ATLANTIC INSURANCE AGENCY OF THE PALM BEACHES, I

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90227 003 ***150.00

Principal Place of Business

Mailing Address

~~368 S. DIXIE HWY.~~
~~LANTANA FL 33462~~
~~US~~

~~368 S. DIXIE HWY.~~
~~LANTANA FL 33462~~
~~US~~

2. Principal Place of Business

3. Mailing Address

934 S. Dixie Hwy
Suite, Apt. #, etc.

934 S. Dixie Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Lantana FL

Lantana FL

4. FEI Number

65-0317150

Applied For

Not Applicable

Zip

Country

33462 USA

Zip

Country

33462 USA

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

JAAKKOLA ANNE

Street Address (P.O. Box Number is Not Acceptable)

934 S. Dixie Hwy

City

Lantana

FL

Zip Code 33462

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-30-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME JAAKKOLA, HEIKKI I.
STREET ADDRESS ~~6837 TORCH KEY STREET~~
CITY-ST-ZIP ~~LAKE CHARLESTON FL~~

TITLE D ☐ Delete
NAME JAAKKOLA, ANNE
STREET ADDRESS ~~6837 TORCH KEY ST~~
CITY-ST-ZIP ~~LAKE WORTH FL 33467~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7342 COPPERFIELD CIR.
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7342 COPPERFIELD CIR.
CITY-ST-ZIP LAKE WORTH FL 33467

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

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

CR2E034 (10/00)