

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70773

1. Entity Name
ATLANTIC UTILITIES ENTERPRISE, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90055 019 ***158.75

00049933



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6753 GARDEN RD. #103 RIVIERA BCH FL 33404 US	Mailing Address 6753 GARDEN RD. #103 RIVIERA BCH FL 33404 US
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2. Principal Place of Business 1300 N. Florida Mango Rd. Suite, Apt. #, etc. Ste 19 City & State West Palm Beach FL Zip 33409 Country US	3. Mailing Address 1300 N. Florida Mango Rd. Suite, Apt. #, etc. Ste 19 City & State West Palm Beach FL Zip 33409 Country US
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4. FEI Number 65-0360334	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORNWELL, MERRITT 12020 SANDY RUN RD JUPITER FL 33478	7. Name and Address of New Registered Agent Name Mark L. Woolfson Street Address (P.O. Box Number is Not Acceptable) 1300 N. Florida Mango Rd. Ste 19 City West Palm Beach FL Zip Code 33409
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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 Mark L. Woolfson DATE 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORNWELL, MERRITT 12020 SANDY RUN RD JUPITER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNWELL, PETE 11 PALM POINT DR JUPITER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, TOM 860 BRIGHTWOOD WAY W. PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark L. Woolfson 1300 N. Florida Mango Rd Ste 19 West Palm Beach, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Steven Woolfson 1300 N. Florida Mango Rd Ste 19 West Palm Beach, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark L. Woolfson DATE 4/30/01 DAYTIME PHONE # 561-689-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)