

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V70773**

1. Entity Name
ATLANTIC UTILITIES ENTERPRISE, INC.



FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90122 030 ***158.75

0388867 AV

Principal Place of Business
**1300 N FLORIDA MANGO RD
SUITE 19
WEST PALM BEACH FL 33409
US**

Mailing Address
**1300 N FLORIDA MANGO RD
SUITE 19
WEST PALM BEACH FL 33409
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0360334**

Applied For
Not Applicable

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

**WOOLFSON, MARK
1300 N FLORIDA MANGO RD
SUITE 19
WEST PALM BEACH FL 33409**

Name
PATRICIA LEBOW, P.A.
Street Address (P.O. Box Number is Not Acceptable)
BROAD AND CASSEL
ONE NORTH CLEMATIS STREET, SUITE 500
City **WEST PALM BEACH** **FL** Zip Code **33401**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable
PATRICIA LEBOW, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/7/03
DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WOOLFSON, MARK**
STREET ADDRESS **1300 N FLORIDA MANGO RD, STE 19**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **President** ☒ Change ☐ Addition
NAME **Woolfson, mark**
STREET ADDRESS **1300 N. Florida Mango Rd, Ste 19**
CITY-ST-ZIP **W. Palm Bch, FL 33409**

TITLE **PD** ☐ Delete
NAME **WOOLFSON, STEVEN**
STREET ADDRESS **1300 N FLORIDA MANGO RD, STE 19**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **Director** ☒ Change ☐ Addition
NAME **Woolfson, Steven**
STREET ADDRESS **1300 N. Florida mango Rd, Ste 19**
CITY-ST-ZIP **W. Palm Bch, FL 33409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Angela Matthews**
STREET ADDRESS **871 S. US Hwy 17-93**
CITY-ST-ZIP **DeBary, FL 32713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 empowerment.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark L. Woolfson Pres. **3/27/03**
Date Daytime Phone # **561-722-1001**

CR2E034 (10/02)