

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90168 004 ***158.75

DOCUMENT # P95000062469

1. Entity Name
ATLANTIS FUNDING CONCEPTS, INC.

Principal Place of Business 2421 CARDINAL LANE PALM BEACH GARDENS FL 33410 US	Mailing Address POST OFFICE BOX 32994 PALM BEACH GARDENS FL 33468-0296
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1695 W. INDIANTOWN RD	3. Mailing Address P.O. BOX 296
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Suite, Apt. #, etc. Suite 29	Suite, Apt. #, etc.
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City & State JUPITER, FL	City & State JUPITER, FL
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4. FEI Number 65-0599097	Applied For <input type="checkbox"/> Not Applicable
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Zip 33458	Country USA	Zip 33468	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHRISTIAN, RICHARD F
2421 CARDINAL LANE
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
 Name **GAYLE M. DIXON**
 Street Address (P.O. Box Number is Not Acceptable)
1695 W. INDIANTOWN RD
Suite 29
 City **JUPITER** FL Zip Code **33458**

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 *Gayle M. Dixon* DATE **4-3-2000**
Signature, typed or printed name of registered agent and title, 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE PD	<input type="checkbox"/> Delete
NAME CHRITIAN, RICHARD F	
STREET ADDRESS 2421 CARDINAL LANE	
CITY-ST-ZIP PALM BEACH GARDENS FL	
TITLE VP	<input type="checkbox"/> Delete
NAME JONES, PAULA M	
STREET ADDRESS 2421 CARDINAL LANE	
CITY-ST-ZIP PALM BEACH GARDENS FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHRISTIAN, RICHARD F.	
STREET ADDRESS P.O. BOX 296	
CITY-ST-ZIP JUPITER, FL 33468	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, PAULA M.	
STREET ADDRESS P.O. BOX 296	
CITY-ST-ZIP JUPITER, FL 33468	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard F. Christian* DATE: **4-3-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)