2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90145 048 ***150.00

DOCUMENT # P99000032605

1. Entity Name

~~DB2NET, INC.~~
ATLANTICOM.NET, INC.   N/C 3/7/2K

Principal Place of Business	Mailing Address
7310 W. MCNAB RD., STE. 106 TAMARAC FL 33321	7310 W. MCNAB RD., STE. 106 TAMARAC FL 33313-6116

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6196 NW 11 ST.	1844 N. NOB HILL RD.
Suite, Apt. #, etc. F	Suite, Apt. #, etc. #427
City & State SUNRISE FL	City & State PLANTATION, FL
Zip 33313 Country USA	Zip 33322 Country USA

4. FEI Number 65-0933339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, JEFFREY S
C/O TRIPP SCOTT
110 S.E. 6TH ST., 15TH FLOOR
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: BARBARA A. BURDEEN
Street Address (P.O. Box Number is Not Acceptable): 1844 N. NOB Hill Rd #427
City: Plantation FL Zip Code 33322

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: Barbara A. Burdeen, BARBARA A. BURDEEN   4-10-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P NAME BARBARA A. BURDEEN STREET ADDRESS 1844 N. NOB HILL RD. #427 CITY-ST-ZIP PLANTATION, FL 33322	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE V NAME CHARLES M. BURDEEN STREET ADDRESS 1844 N. NOB HILL RD. #427 CITY-ST-ZIP PLANTATION, FL 33322	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Barbara A. Burdeen, BARBARA A. BURDEEN   4-10-2000   954/792-0234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #