2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082919

1. Entity Name

ATLANTIS INVESTMENT HOLDINGS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90840 045 ***158.75

| Principal Place of Business 100 1ST AVENUE SUITE 115 SAINT PETERSBURG FL 33701 | | Mailing Address 100 1ST AVENUE SUITE 115 SAINT PETERSBURG FL 33701 | | | (1501)061 (16 10)18 (8)11 80)11 80;11 80;11 80;11 80;11 80;11 | - | 91 47 079 10 14 1000 | |
|---|---|--|---------------------------------------|--|--|----------------------|------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | \dashv | ☐ CHECK HERE IF MAKING CH | IANOS | | |
| City & State | | City & State | | \dashv | 4. FEI Number 59-3607961 Applied For | | | |
| Zip | Country Z | ip | Country | | 5. Certificate of Status Desired \$8. | .75 Ac | Not Applicable | |
| 6. Name and | Address of Current Regist | ered Agent | | | 7. Name and Address of New Registered Agen | Requir | ed | |
| SPRUITT, J. CRAYTON | | | Name | Name | | | | |
| 100 1ST AVENUE SOUTH | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUITE 115 | | | ļ | | | | | |
| ST. PETERSBURG FL 33701 | | | City | | FL | Zip Cod | de | |
| 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent | | | | istered | d agent, or both, in the State of Florida, Lam familia | ar with | and accept | |
| the obligations of registered | agent. | | _ | | o sa | CAT WVICET, | , and accept | |
| SIGNATURESignature, typed or prin | ted name of registered agent and title if a | nolicable (NOTE) | Registered Agent signature rec | | | | | |
| FILE NOW!!! FI After May 1, 2003 F Make Check Payable to Flo | e will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.0 Adde | 00 May Be | |
| 10. | OFFICERS AND DIRECT | · | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRE | CTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D PRUITT, J. CRA 100 1ST AVEN SAINT PETERS | NYTON UE SOUTH, SUITE 115 BURG FL 33701 | ☐ 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 | . = | C | hange | Addition | |
| TITLE VAME STREET ADDRESS DITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | _ ci | hange | Addition | |
| ITLE IAME TREET ADDRESS ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | nange | Addition | |
| ITLE AME TREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | | ☐ Ch | ange | Addition | |

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-03

727-822-/688

Daytime Phone #