2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # **V41297**

1. Entity Name
ATLANTIS ENVIRONMENTAL ENGINEERING, INC.

Principal Place of Business	Mailing Address
665 SE 10TH ST STE 202 DEERFIELD BEACH FL 33441 US	665 SE 10TH ST STE 202 DEERFIELD BEACH FL 33441 US

2. Principal Place of Business		3. Mailing Address	
1311 NEWPORT CENTER DRIVE WEST		665 SE 10TH ST	
Suite, Apt. #, etc.: SUITE C		Suite, Apt. #, etc.: SUITE C	
City & State: DEERFIELD BEACH FL		City & State: DEERFIELD BEACH FL	
Zip: 33442	Country: US	Zip: 33442	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0344946** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPELLINI ALBERT R
665 SE 10TH ST
STE 202
DEERFIELD BEACH FL
33441 US

7. Name and Address of New Registered Agent

Name
CAPELLINI ALBERT R
Street Address (P.O. Box Number is Not Acceptable)
576 VIA VERONA
City
DEERFIELD BEACH **FL**
Zip Code
33442

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 **ALBERT R. CAPELLINI** **05/01/2001**
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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	CAPELLINI, ALBERT R.	1000 SE 15 AVE	DEERFIELD BEACH FL	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	CAPELLINI, ALBERT R.	1311 NEWPORT CENTER DR WEST	DEERFIELD BEACH FL 33442	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E034 (11/00)

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: Albert R. Capellini D 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #