

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90112 003 ***150.00

DOCUMENT # P99000099763

1. Entity Name

ATLAS TRUST COMPANY

Principal Place of Business

Mailing Address

111 N. ORANGE AVE., SUITE 1525
 ORLANDO FL 32801

111 N. ORANGE AVE., SUITE 1525
 ORLANDO FL 32801

2. Principal Place of Business

324 Clayton Str.

3. Mailing Address

c/o Robert Renneker

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DENVER, CO

City & State

DENVER, CO

Zip

80206

Country

USA

Zip

80206

Country

USA

4. FEI Number

59-3610196

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

**RENNEKER, ROBERT J
 P.O. BOX 3764
 ORLANDO FL 32802-3764**

Name

DENNIS BENIMOFF, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

11361 N.W. 34 PLACE

City

SUNRISE

FL

Zip Code

33323

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

Dennis Benimoff, CPA
 Signature, typed or printed name of registered agent and title if applicable.

Dennis Benimoff, CPA
 (NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **RENNEKER, ROBERT J**
 CITY-ST-ZIP **P. O. BOX 3764**
ORLANDO FL 32802-3764

TITLE ☒ Change ☐ Addition
 NAME **President / Director**
 STREET ADDRESS **RENNEKER, Robert J**
 CITY-ST-ZIP **324 Clayton Street**
DENVER, CO 80206

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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:

Robert Renneker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/28/01 303-316-7319

Daytime Phone #

CR2E034 (10/00)