

2002 UNIFORM BUSINESS REPORT (UBR)

UNIT 5005 AI

DOCUMENT # **A00000000968**

FILED

02 FEB 28 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

SECRET PROMISE II, LTD.

Principal Place of Business

631 SIXTH AVENUE S.
ST. PETERSBURG FL 33701

Mailing Address

631 SIXTH AVENUE S.
ST. PETERSBURG FL 33701



2. Principal Place of Business

100 First Ave. S.

3. Mailing Address

100 First Ave. S.

Suite, Apt. #, etc.

Suite 115

Suite, Apt. #, etc.

Suite 115

DUE BY MAY 1, 2002

City & State

ST. Petersburg Florida

City & State

ST. Petersburg Florida

4. FEI Number

57-3687069

APPLIED FOR

Applied For

Not Applicable

Zip

33701

Country

USA

Zip

33701

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ATLANTIS INVESTMENT HOLDINGS, INC.
631 SIXTH AVENUE S.
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

100 First Ave S.

Suite 115

City

ST. Petersburg

FL

Zip Code

33701

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

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

DATE

9. Capital Contributions as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	P99000082919
NAME	ATLANTIS INVESTMENT HOLDINGS, INC.
STREET ADDRESS	631 SIXTH AVENUE S.
CITY-ST-ZIP	ST. PETERSBURG FL 33701
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005041728--8
CITY-ST-ZIP	03/04/02--01106--005
STREET ADDRESS	***535.00 ***535.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

J. Crayton Pruitt

SIGNATURE: **J. Crayton Pruitt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-4-02

Date

727-822-1688

Daytime Phone #

CPRE003 (9/01)

SAMPLE CHECK HERE