## 2000 UNIFORM BUSINESS REPORT (UBR)

## A93000001224 **DOCUMENT#**

1. Entity Name

ATLANTIC TRUSS COMPANY, LTD.

SECRETARY OF STATE DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 850 N.W. 61 STREET 850 N.W. 61 STREET FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 333			3309-2036		00 FEB 11	4 AM 10: 22		
	•							
2. Principal Place of Business 3. Mailing Address					11891917		(() <b>25(8)</b> (( <b>814 ) 5(4</b> (182)) <b>3(4)</b> (182)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	65-0340350	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent			7. Name and /	ddress of New Registere	d Agent	
				Name				
ASMUS, STEWART A			Sti	Street Address (P.O. Box Number is Not Acceptable)				
135 N.W. 99 WAY					<del>-</del>			
CORAL SPRINGS FL 33071								
			Ci	ty	-	F	Zip Code	
# The above	named entity submits this stateme	nt for the nurpose of changing it	ts registered of	ice or regis	tered agent, or both	in the State of Florida.		
Wi me abore			Ü	J	•			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NC	OTE: Registered Agen	t signature requ	ared when reinstating)	DATE		
9. Capital Contributions \$1,500.00 10. Amount of Capital				ns	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
as Shown	on record.	in FLORIDA to		DE DECI	STEDED AND AC			
	NOTE: General Partners	MAY NOT be changed on	the form; an	amendme	ent must be filed	to change a general p	artner.	
12.		NER INFORMATION	13.			ADDRESS CHANGES C		
DOCUMENT# NAME	P9300006517 ATLANTIC TRUSS COMPANY			DRESS	3000031479931			
STREET ADDRESS CITY-ST-ZIP	850 N.W. 61 STREET   FORT LAUDERDALE FL 3330	9	CITY-ST-Z	IP		-02/25/00 ****141.25	~*~~	
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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

FOR ATLANTIC

SIGNATURE: >

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER