

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90335 037 \*\*\*150.00

05/09/02 AN

**DOCUMENT # F97000002558**

1. Entity Name

**ATLANTIC FINANCIAL MANAGERS, INC.**

Principal Place of Business

**2808 FAIRMOUNT  
 SUITE 250. LB9  
 DALLAS TX 75201**

Mailing Address

**2808 FAIRMOUNT  
 SUITE 250. LB9  
 DALLAS TX 75201**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**75-2637933**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

(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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>PTD</b>	<b>BROOKSHIRE, STEPHEN S</b>	<b>2808 FAIRMOUNT SUITE 250 LB9 DALLAS TX 75201</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>REILLY, MICHAEL A</b>	<b>1000 BALLPARK WAY, STE 304 ARLINGTON TX</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>V</b>	<b>REILLY III, T W</b>	<b>1000 BALLPARK WAY, STE 304 ARLINGTON TX</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>S</b>	<b>BRAWNER, JEFFREY B</b>	<b>2808 FAIRMOUNT SUITE 250 LB9 DALLAS TX 75201</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>DOFA</b>	<b>KEATH, PATRICIA W</b>	<b>2808 FAIRMOUNT SUITE 250 LB9 DALLAS TX 75201</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Signature]*  
**STEPHEN BROOKSHIRE**  
 AS PRESIDENT

4/30/02 (214) 720-9237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)