

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90201 030 \*\*\*150.00

0613033 AV

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **75-2637933**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PTD</b>	TITLE	
NAME	<b>BROOKSHIRE, STEPHEN S</b>	NAME	
STREET ADDRESS	<b>2808 FAIRMOUNT SUITE 250 LB9</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	
NAME	<b>REILLY, MICHAEL A</b>	NAME	
STREET ADDRESS	<b>1000 BALLPARK WAY, STE 304</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON TX</b>	CITY-ST-ZIP	
TITLE	<b>V</b>	TITLE	
NAME	<b>REILLY III, T W</b>	NAME	
STREET ADDRESS	<b>1000 BALLPARK WAY, STE 304</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON TX</b>	CITY-ST-ZIP	
TITLE	<b>S</b>	TITLE	
NAME	<b>BRAWNER, JEFFREY B</b>	NAME	
STREET ADDRESS	<b>2808 FAIRMOUNT SUITE 250 LB9</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	CITY-ST-ZIP	
TITLE	<b>DOFA</b>	TITLE	
NAME	<b>KEATH, PATRICIA W</b>	NAME	
STREET ADDRESS	<b>2808 FAIRMOUNT SUITE 250 LB9</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Keath* **DOFA Patricia Keath**

**DOFA 4/30/03**

**214-303-1653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)