


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91299 038 ***150.00

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

| | |
|---|---|
| DOCUMENT # 1451746 |  |
| 1. Entity Name ATLANTIC ASSETS, INC | |

11024013

DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business 6572 HARTLAND ST | | 3. Mailing Address 6572 Hartland ST | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Fort Myers FL | | City & State Fort Myers | |
| Zip 33912 | Country USA | Zip 33912 | Country USA |

DO NOT WRITE IN THIS SPACE

| | | |
|--|--|---|
| 4. FEI Number 592534856 | | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | |
|-----------------------------------|--|-----------------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Christopher N. Davies | |
| | Street Address (P.O. Box Number is Not Acceptable) 2375 N. TAMM AM. TR | |
| | # 308 | |
| | City NAPLES | FL Zip Code 34103 |

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 _____

| | |
|--|--|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS | | | |
|----------------------------|---------------------------|----------------|------|
| TITLE | NAME | TITLE | NAME |
| | P Gregory A. Mayer | | |
| STREET ADDRESS | 6572 HARTLAND ST | STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL 33912 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **A. G. Mayer** 4/10/03 259-691-5882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)