

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90166 021 ***150.00

DOCUMENT # L34750

1. Entity Name
ATRIUM SOUTH, INC.



Principal Place of Business

**505 MAITLAND AVENUE
STE 206
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**505 MAITLAND AVENUE
STE 206
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

**1600 Columbia Arms Circle
Kissimmee FL**

3. Mailing Address

**863 CYNTHIANA NA CIRCLE
ALTAMONTE SPRINGS FL**



☒ CHECK HERE IF MAKING CHANGES

City & State

Kissimmee FL

City & State

ALTAMONTE SPRINGS, FL

4. FEI Number

25-1621586

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

32701

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANSORI, ZUBAIR S
815 ORIENTA AVE
505 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name **ZUBAIR S. MANSORI**
Street Address (P.O. Box Number is Not Acceptable)
863 CYNTHIANA CIRCLE
City **ALTAMONTE SPRINGS FL** Zip Code **32701**

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 **Zubair S. Mansori**

1/27/03

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

(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

TITLE **DST** ☐ Delete
NAME **MANSORI, ZUBAIR S.**
STREET ADDRESS **505 MAITLAND AVE STE 206**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **DP** ☐ Delete
NAME **BEAS, THOMAS R.**
STREET ADDRESS **505 MAITLAND AVE STE 206**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DST** ☒ Change ☐ Addition
NAME **MANSORI, ZUBAIR S.**
STREET ADDRESS **863 CYNTHIANA CIRCLE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **DP** ☒ Change ☐ Addition
NAME **BEAS THOMAS JR.**
STREET ADDRESS **1600 Columbia Arms Circle**
CITY-ST-ZIP **Kissimmee FL 34741**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED (ZUBAIR S. MANSORI)
D.S. Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)