2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L9900005558				FILED		
ATLAS MANAGEMENT, L.C.				01 APR 23 PM 3: 58		
ace of Business BLD PLAZA LANE. 14. STE. 3 RS FL 33907	Mailing Address 5109 DEL PRADO BLVD. CAPE CORAL FL 33904					
Place of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE		
ate	City & State		. 4. FEI N	lumber 65-0051438	H-	pplied For
Country	ن سر درو حسین Zip: حس	Country,	5. Certii		\$5.00-Ad	ot Applicable ditional
6. Name and Address of Curren	t Registered Agent	1	7. Name	and Address of New Registere	d Agent	
, VIOLA EL PRADO BLVD.		Name Street Add		•		
CAPE CORAL FL 33904		City	, , , , , , , , , , , , , , , , , , , 	F	Zip Coo	le
e named entity submits this statement f	for the purpose of changing its	registered office or re	gistered agent, o	· · · · · · · · · · · · · · · · · · ·		
Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	E: Registered Agent signature	aguired when reinstatir	. DATE		
			T I	-72		
MANAGING MEME	BERS/MEMBERS	10.				
MGRM				ADDITIONS/CHANGE	S	1
GEISSLER, GUENTHER MAINSTR. 11, D-97453 SCHOHNUNGEN-FORST/GERM/	□ Delete ANY	TITLE NAME STREET ADORESS CITY-ST-ZIP	<u>.</u>	ADDITIONS/CHANGE	Change	Addition S
MAINSTR. 11, D-97453	•	NAME STREET ADDRESS	-	ADDITIONS/CHANGE		Addition Section Addition
MAINSTR. 11, D-97453	ANY	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		ADDITIONS/CHANGE	☐ Change ☐ Change	Addition
MAINSTR. 11, D-97453	ANY	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		40000413 -05/03/01	☐ Change ☐ Change	Addition
MAINSTR. 11, D-97453	ANY Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-	40000413 -05/03/01 *****50.00	Change Change	nie Addition 50.00
	MANAGEMENT, L.C. ce of Business LD PLAZA LANE. 4. STE. 3 S FL 33907 Place of Business .#, etc. te Country 6. Name and Address of Curren VIOLA L PRADO BLVD. DRAL FL 33904 e named entity submits this statement is Signature, typed or printed name of registered agen	MANAGEMENT, L.C. Ce of Business LD PLAZA LANE. 4. STE. 3 S FL 33907 Place of Business 3. Mailing Address CAPE CORAL FL 33904 Place of Business 3. Mailing Address 3. Mailing Address 4. etc. Suite, Apt. #, etc. City & State Country C	MANAGEMENT, L.C. Coe of Business Mailing Address LD PLAZA LANE. 4. STE. 3 S FL 33907 Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country City Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registated Agent signature of Make Check Payable to Department	MANAGEMENT, L.C. Ce of Business Cape Core of Business Mailing Address 10 PLAZA LANE. 4. STE. 3 S FL 33907 Place of Business 3. Mailing Address 4. FEIN Country. Zip	MANAGEMENT, L.C. OI APR 23 PM 3: SECRETARY OF STA FALL AHASSEE, FLOR UP HAZA LANE. 4. STE. 3 S FL 33907 Place of Business 3. Mailing Address Wilte, Apt. #, etc. DO NOT WRITE IN TH City & State Country. Co	MANAGEMENT, L.C. OI APR 23 PM 3: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA LOPIZAZIANE, 5109 DEL PRADO BLVD. 4. STE 3 5. FL 33907 Place of Business 3. Mailing Address #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE To Country. Country. S. Certificate of Status Desired 65-0951438 Name Country. S. Certificate of Status Desired Foe Require 7. Name and Address of New Registered Agent VIOLA L PRADO BLVD. DRAL FL 33904 City FL Zip Coo Paramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and this if applicable. (NOTE Registered Agent septiative required when reinstating) PATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State

COS Guenthet Gesslet 03-30-01 941-540-0713

NAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Date

Dayling Phone *