

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90089 035 \*\*\*150.00

DOCUMENT # P01000009415

1. Entity Name

ATOMIC ENTERPRISES, INC.



Principal Place of Business  
3246 WHOOPING CRANE RUN  
KISSIMMEE FL 34741

Mailing Address  
3246 WHOOPING CRANE RUN  
KISSIMMEE FL 34741

2. Principal Place of Business

7 Alafaya Woods Blvd

Suite, Apt. #, etc.  
Ste 2000

City & State  
Oviedo, FL

Zip  
32765

Country  
USA

3. Mailing Address

7 Alafaya Woods Blvd

Suite, Apt. #, etc.  
Ste 2000

City & State  
Oviedo, FL

Zip  
32765

Country  
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3698697

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERMUDEZ, AMY  
3246 WHOOPING CRANE RUN  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name Amy Bermudez  
Street Address (P.O. Box Number is Not Acceptable)  
7 Alafaya Woods Blvd  
Ste 2000  
City Oviedo FL Zip Code 32765

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 Amy Bermudez Amy Bermudez

1/7/03

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 PD  
NAME BERMUDEZ, ADAM JOSE  
STREET ADDRESS 3246 WHOOPING CRANE RUN  
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

TITLE STD  
NAME BERMUDEZ, AMY LYNN  
STREET ADDRESS 3246 WHOOPING CRANE RUN  
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Adam Jose Bermudez  
STREET ADDRESS 7 Alafaya Woods Blvd #2000  
CITY-ST-ZIP Oviedo, FL 32765 ☒ Change ☐ Addition

TITLE Vice President, Secretary  
NAME Amy Bermudez  
STREET ADDRESS 7 Alafaya Woods Blvd #2000  
CITY-ST-ZIP Oviedo, FL 32765 ☒ Change ☐ Addition

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

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

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

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

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: Amy Bermudez

1/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)