FILED Apr 28, 2003 8:00 am §

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044489 1. Entity Name ATLAS GENERAL, INC.						Secretary of Sta 04-28-2003 90544 034 ***150				
Principal Place of Business 340 NORTH MAITLAND #100 MAURIAND FL 32751 MAITLAND FL 32751 Mailing Address 340 NORTH MAIRLAND #100 MAITLAND FL 32751										
2. Principal Place of Business Atlas Gracial, Inc. Suite, Apt. #, etc.			3. Mailing Address Same Suite, Apt. #, etc.							
1250 Belle Ave. Str 109 City & State City & State			City & State			4. F	4. FEI Number 59-3715299 Applied For Not Applicable			
2ip 3270	Country	5 1	Zip	Countr	у	5. C	Certificate of Status Desired	\$8.75 Add	litional	
300.0	6. Name and Addres	s of Current Regis	tered Agent			7,_N	ame and Address of New Registered	Agent-	<u></u>	
					Name	-				
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address	ddress (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525										
·.					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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						ed wherrer	9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
10.		FICERS AND DIREC	CTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 N 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAY, ROY 100 LAMONT AVENU LONGWOOD FL 3275		☐ Delete	TITLE NAME STREET CITY-S	r address St-zip			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	د د د د د د د د د د د د د د د د د د د	Tomas appear of the second	Delete	TITLE NAME- STREET CITY-S	ADDRESS	armenius y	TEXT AT ELL TO BE TO PARAGRAPH	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information	supplied with this fil	☐ Delete	CITY-S		Section 1	19.07(3)(i). Florida Statutes. I further cer	Change	Addition	

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 at other like empowered.

SIGNATURE:

4-23-03 407 -772-2/58

Date Davime Phone #