

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90210 018 \*\*\*150.00

0568116 AV

DOCUMENT # **P01000046721**

1. Entity Name  
**ATLANTIS CONSTRUCTION OF TAMPA BAY, INC.**

Principal Place of Business <b>39322 US 19 N.          TARPON SPRINGS FL 34689</b>	Mailing Address <b>39322 US 19 N.          TARPON SPRINGS FL 34689</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3716685**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, JAMES L JR  
 2528 ISLANDER COURT  
 PALM HARBOR FL 34683**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>P, D</b>	
STREET ADDRESS		<b>JAMES L. PHILLIPS, JR.</b>	
CITY-ST-ZIP		<b>39322 US 19 N.</b>	
		<b>TARPON SPRINGS, FL. 34689</b>	
TITLE	<input type="checkbox"/> Delete	<b>S, T, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>THOMAS M. MANIER</b>	
STREET ADDRESS		<b>39322 US 19 N.</b>	
CITY-ST-ZIP		<b>TARPON SPRINGS, FL. 34689</b>	
TITLE	<input type="checkbox"/> Delete	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>GEORGE P. STAMAS</b>	
STREET ADDRESS		<b>46 W. LEMON ST.</b>	
CITY-ST-ZIP		<b>TARPON SPRINGS, FL. 34689</b>	
TITLE	<input type="checkbox"/> Delete	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>GEORGE C. ZUTES</b>	
STREET ADDRESS		<b>46 W. LEMON ST.</b>	
CITY-ST-ZIP		<b>TARPON SPRINGS, FL. 34689</b>	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)