2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000111904

Entity Name: THE ATLAS, INC.

City-St-Zip: VALRICO, FL 33595

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1504 PLANTATION GROVE CT. 1116			213 N MOON AVE. BRANDON, FL 33510	
	TY, FL 33567		BRANDON, FL 3331	O
Current M	Mailing Addre	ss:	New Mailing Address:	
PO BOX 1 VALRICO,	742 , FL 33595			
FEI Number	: 65-1155268	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
941 FOUR MIAMI BEA	RTH STREET: ACH, FL 3313	9 US	purpose of changing its registere	ed office or registered agent, or both
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
	mpaign Financir S AND DIREC	ng Trust Fund Contribution ().	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	D (PORTER, EDV PO BOX 1742 VALRICO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	•) Delete	Title:	() Change () Addition
Name: Address: City-St-Zip:	PO BOX 1742 VALRICO, FL	TIMOTHY D JR 33595	Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D (PORTER, SHE PO BOX 1742 VALRICO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (SINGLETARY, PO BOX 1742 VALRICO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	D (HADER, MICH PO BOX 1742		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE:	EDWIN ADAM PORTER	D	04/30/2003