

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90120 030 ***150.00

DOCUMENT # P01000118625

1. Entity Name
ATLANTIS FINANCIAL CORP.



Principal Place of Business
21373 TOWN LAKES DR. APT 15-18
BOCA RATON FL 33486

Mailing Address
21373 TOWN LAKES DR. APT 15-18
BOCA RATON FL 33486

2. Principal Place of Business
20913 St. Andrews

3. Mailing Address
20913 St. Andrews

Suite, Apt. #, etc.

Suite, Apt. #, etc.

45

45

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33433 USA

USA

33433 USA

USA

4. FEI Number **75-3036719**

Applied For
Not Applicable

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

JORCZAK, MARIE
8108 SW 103 AVE
MIAMI FL 33173

Name

Vincent Mitchell

Street Address (P.O. Box Number is Not Acceptable)

20913 St. Andrews #45

City

Boca Raton

FL

Zip Code

33433

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/3/02
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D MITCHELL, VINCENT**
STREET ADDRESS **21373 TOWN LAKES DR, APT 15-18**
CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/03 (541) 289-5027
DATE Daytime Phone #

0234694 AV

CR2E034 (10/02)