

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90225 041 \*\*\*150.00

0035333 AV

**DOCUMENT #** P02000002191

1. Entity Name  
ATIR GROUP, INC.



Principal Place of Business  
340 SCENIC GULF DR UNIT 5  
DESTIN FL 32550

Mailing Address  
340 SCENIC GULF DR UNIT 5  
DESTIN FL 32550



2. Principal Place of Business  
20 WATERWOOD CT

3. Mailing Address  
20 WATERWOOD CT

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
SANTA ROSA BEACH, FL

City & State  
SANTA ROSA BEACH, FL

4. FEI Number  
26-0004444

Applied For  
Not Applicable

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

Zip Country  
32459 USA

Zip Country  
32459 USA

6. Name and Address of Current Registered Agent

HAKE, LAWRENCE W  
340 SCENIC GULF DR UNIT 5  
DESTIN FL 32550

7. Name and Address of New Registered Agent

Name

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

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 \_\_\_\_\_ (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<br>P/S PRESIDENT / SECRETARY        | <input type="checkbox"/> Delete |
| NAME<br>LAWRENCE W HAKE                   |                                 |
| STREET ADDRESS<br>20 WATERWOOD CT         |                                 |
| CITY-ST-ZIP<br>SANTA ROSA BEACH, FL 32459 |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(l), 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: *Lawrence W Hake* DATE: 2/10/03 DAYTIME PHONE #: 850 622 0622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)