

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90059 040 \*\*\*158.75

**DOCUMENT # P02000058608**

**1. Entity Name**  
**ATLAS GEAR INTERNATIONAL INC.**



**Principal Place of Business**  
500 NE 2ND ST STE 126  
DANIA FL 33004

**Mailing Address**  
500 NE 2ND ST STE 126  
DANIA FL 33004



**2. Principal Place of Business**

500 NE 2nd st  
Suite, Apt. #, etc.  
126

**3. Mailing Address**

500 NE 2nd st  
Suite, Apt. #, etc.  
126

☒ CHECK HERE IF MAKING CHANGES

**City & State**

Dania FL  
Zip  
33004

**City & State**

Dania FL  
Zip  
33004

**4. FEI Number**

Not Applicable

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEID, IAN  
10531 SUNSETSTRIP  
SUNRISE FL FL333-22

**7. Name and Address of New Registered Agent**

Name: J MARK DEMANCHES  
Street Address (P.O. Box Number is Not Acceptable):  
500 NE 2nd st  
Suite 126  
City: Dania FL Zip Code: 33004

**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** J Mark Demanches

3/12/03

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

(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** P ☐ Delete  
**NAME** DEMANCHES, JEANE MARK  
**STREET ADDRESS** 500 NE 2ND ST STE 126  
**CITY-ST-ZIP** DANIA FL 33004

**TITLE** V ☒ Delete  
**NAME** LEID, IAN  
**STREET ADDRESS** 10531 SUNSETSTRIP  
**CITY-ST-ZIP** SUNRISE FL 33322

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☒ Change ☐ Addition  
**NAME** V COOKE, ROBRIAN  
**STREET ADDRESS** 8116 NW 93RD AVENUE  
**CITY-ST-ZIP** TAMPA FL 33321

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

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

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

**TITLE** ☐ Change ☐ 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)(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:**

J MARK DEMANCHES

3/12/03 (813) 926-3390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2034 (10/02)