

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

8/8,
8/8,

08-08-2003 90132 001 *****8.75
08-08-2003 90132 002 ***550.00

DOCUMENT # P02000066586

1. Entity Name

ATLANTIS INFORMATION TECHNOLOGY, INC.



Principal Place of Business
**6125 SILVER OAK DRIVE
LAKE WORTH FL 33467**

Mailing Address
**6125 SILVER OAK DRIVE
LAKE WORTH FL 33467**

2. Principal Place of Business

2535 GOLF VIEW DR

Suite, Apt. #, etc.

3. Mailing Address

2535 GOLF VIEW DR

Suite, Apt. #, etc.

City & State

WESTON

City & State

WESTON

4. FEI Number

49-1965386

Applied For

Not Applicable

Zip

FL.

Country

BROWARD

Zip

33327

Country

BROWARD

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

6. Name and Address of Current Registered Agent

**PELUSO, MICHAEL V
2535 GOLF VIEW DRIVE
WESTON FL 33327**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **SHERMAN, GREGORY J**
STREET ADDRESS **6125 SILVER OAK DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ Delete
NAME **PELUSO, MICHAEL V**
STREET ADDRESS **6125 SILVER OAK DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 829 4141

CR2E034 (4/03)