

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90098 026 ***158.75

0115988 AV

DOCUMENT # P02000078226

1. Entity Name
ATLANTIS INVESTMENTS AND REMODELING, INC.



Principal Place of Business
**425 SOUTH CHICKASAW TRAIL
SUITE 196
ORLANDO FL 32825**

Mailing Address
**425 SOUTH CHICKASAW TRAIL
SUITE 196
ORLANDO FL 32825**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0732616

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEGRON, IMERIA
425 SOUTH CHICKASAW TRAIL
SUITE 196
ORLANDO FL 32825**

Name **JULIO HANZE, SR.**

Street Address (P.O. Box Number is Not Acceptable)
9341 SHADOW PINAR CT.

City **Orlando**

FL

Zip Code **32825**

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]

4-29-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HANZE, JULIO	
STREET ADDRESS	1710 BILLINGSHURTS CT	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANZE, FOLKER J	
STREET ADDRESS	1710 BILLINGSHURTS CT	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HANZE, JULIO H	
STREET ADDRESS	1710 BILLINGSHURTS CT	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NEGRON, RICARDO	
STREET ADDRESS	3033 LOS AMIGOS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEGRON, IMERIA	
STREET ADDRESS	3033 LOS AMIGOS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
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)(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

4-29-03

Date

407-381-4888

Daytime Phone #

CR2E034 (10/02)