

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000066516**1. Entity Name
ATLANTIS DESIGNS, INC.

Principal Place of Business	Mailing Address
3045 N. FEDERAL HIGHWAY	5550 SW 7TH ST.
FORT LAUDERDALE FL 33306	MARGATE FL 33068

2. Principal Place of Business
5550 S.W. 7TH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARGATE FL

City & State

4. FEI Number
65-0520134Applied For
Not ApplicableZip Country
330685. 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**LEFFEW TAMMY
1333 S. UNIVERSITY DRIVE
SUITE 201
PLANTATION FL 33324 USName
BLACKBURN TAMMY
Street Address (P.O. Box Number is Not Acceptable)
1333 S. UNIVERSITY DRIVE
SUITE 201
City PLANTATION FL Zip Code 33324

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.

SIGNATURE **TAMMY BLACKBURN****04/13/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PSD ☐ Delete
NAME BLACKBURN DAVID R.
STREET ADDRESS 3045 N. FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33306TITLE PSD ☒ Change ☐ Addition
NAME BLACKBURN DAVID R.
STREET ADDRESS 5550 S.W. 7TH ST.
CITY-ST-ZIP MARGATE FL 33068TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID R. BLACKBURN**

PRES 04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)