

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017900

1. Entity Name

ATLANTIS FINANCIAL SERVICES, INC.

Principal Place of Business

20 GOLF VIEW DR
OCALA FL 34472
US

Mailing Address

PO BOX 830037
OCALA FL 34483-0037
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3307098

Applied For

Not Applicable

5. 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

FUNK, RAINER S.
83 GOLF VIEW DR.
OCALA FL 34471

Name

David M. Harden

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

580 S.W. 48th Lane

City

Ocala

FL

Zip Code
34474

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

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

DAVID M. HARDEN, PRES.

(NOTE: Registered Agent signature required when reinstating)

4/20/00
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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	PT	<input type="checkbox"/> Delete
NAME	HARDEN, DAVID M	
STREET ADDRESS	20 GOLF VIEW DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BRAUN, SABINE	
STREET ADDRESS	20 GOLF VIEW DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIEN, JOHANNES	
STREET ADDRESS	20 GOLFVIEW DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERNER, KLEIN	
STREET ADDRESS	20 GOLF VIEW DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICKHOFF, GERHARD	
STREET ADDRESS	20 GOLF VIEW DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMALE, DIETER	
STREET ADDRESS	20 GOLF VIEW DR	
CITY-ST-ZIP	OCALA FL 34472	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rainer Breitbach	
STREET ADDRESS	20 Golf View Dr.	
CITY-ST-ZIP	Ocala, FL 34472	
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		

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 M. Harden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
Date

352-697-8500
Daytime Phone #

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90017 031 ***150.00

00078130



DO NOT WRITE IN THIS SPACE