

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000017900

FILED
Apr 18, 2002 8:00 AM
Secretary of State

Entity Name: ATLANTIS FINANCIAL SERVICES, INC.

Current Principal Place of Business:

20 GOLF VIEW DR
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 830037
OCALA, FL 344830037 US

New Mailing Address:

FEI Number: 59-3307098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDEN, DAVID M
580 S.W 48TH LANE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HARDEN, DAVID M
Address: 20 GOLF VIEW DR
City-St-Zip: OCALA, FL 34472

Title: VS () Delete
Name: BRAUN, SABINE
Address: 20 GOLF VIEW DR
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: TIEN, JOHANNES
Address: 20 GOLFFVIEW DR
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: WERNER, KLEIN
Address: 20 GOLF VIEW DR
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: RICKHOFF, GERHARD
Address: 20 GOLF VIEW DR
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: SCHMALE, DIETER
Address: 20 GOLF VIEW DR
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. HARDEN

PRES

04/18/2002

Electronic Signature of Signing Officer or Director

Date