2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P95000062469** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name ATLANTIS FUNDING CONCEPTS, INC. 04-24-2000 90168 004 ***158.75 Mailing Address Principal Place of Business POST OFFICE BOX 32994 2421 CARDINAL LANE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33468-0296 3. Mailing Address P.O. Box 296 2. Principal Place of Bysiness DO NOT WRITE IN THIS SPACE Suite 29 4. FEI Number Applied For 65-0599097 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAYJE-M-DIXON CHRISTIAN, RICHARD F dress (P.O. Box Number is Not Acceptable) 2421 CARDINAL LANE PALM BEACH GARDENS FL 33410 SuitE 29 CITUPITER 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. (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS DRESIDENT PD ☐ Addition TITLE ☐ Delete TITLE CHRISTIAN, RICHARD CHRITIAN, RICHARD F NAME NAME P.O. BOX 296 STREET ADDRESS 2421 CARDINAL LANE STREET ADDRESS JUPITER FL 33468 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Addition ☐ Delete TITLE TITLE SONES, PAULA M. JONES, PAULA M NAME NAME PO. BOX 296 STREET ADDRESS STREET ADDRESS 2421 CARDINAL LANE TUDITER, FL 33468 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P 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.

3-2000

Daytime Phone #