Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 13, 2001 8:00 am DOCUMENT # P95000062469 Secretary of State 1. Entity Name ATLANTIS FUNDING CONCEPTS, INC. 02-13-2001 90286 001 \*\*\*\*\*8.75 02-13-2001 90286 002 \*\*\*150.00 Principal Place of Business Mailing Address 1695 W INDIANTOWN ROAD PO BOX 296 26110 STE 29 JUPITER FL 33468 JUPITER FL 33458 US 2. Principal Place of Business 3. Mailing Address P.O. BOX 7250 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State VP. LER-FC 4. FEI Number Applied For\_ 65-0599097--Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIXON. GAYLE M 1695 W INDIANTOWN ROAD **STE 29** JUPITER FL 33458 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, typed or printed name of registered agent and title if applicable 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete NAME CHRITIAN, RICHARD F NAME P.O. BOX 7250 SUP, tell, PL 33468-725 STREET ADDRESS STREET ADDRESS PO BOX 296 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33468 TITLE . ☐ Delete TITLE NAME JONES, PAULA M NAME STREET ADDRESS STREET ADDRESS PO BOX 296 CITY-ST-7IP CITY-ST-7IP JUPITE FL 33468 TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete\_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.