

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062469

1. Entity Name  
ATLANTIS FUNDING CONCEPTS, INC.



**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90507 001 \*\*\*150.00  
04-16-2003 90507 002 \*\*\*\*\*8.75

Principal Place of Business  
1695 W INDIANTOWN ROAD  
STE 29  
JUPITER FL 33458  
US

Mailing Address  
P.O. BOX 7250  
JUPITER FL 33468

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 65-0599097

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIAN, RICHARD F.  
1695 W INDIANTOWN ROAD  
STE 29  
JUPITER FL 33458

Name CHRISTIAN, RICHARD F.  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CHRISTIAN, RICHARD F.  
STREET ADDRESS P.O. BOX 7250  
CITY-ST-ZIP JUPITER FL 33468-7250 ☐ Delete

TITLE SECRETARY  
NAME LINDA K. DERNING  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VP  
NAME JONES, PAULA M.  
STREET ADDRESS P.O. BOX 7250  
CITY-ST-ZIP JUPITER FL 33468-7250 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-12-2003 Daytime Phone #

0425824 AV

CR2E034 (10/02)