

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90043 024 ***150.00

DOCUMENT # P95000079468

1. Entity Name

AMERICAN ATLAS CORP.



Principal Place of Business

2309 PARK PLACE
PONTE VEDRA BEACH FL 32082

Mailing Address

2309 PARK PLACE
PONTE VEDRA BEACH FL 32082

90001924



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

65-0625074

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

BORNMILLER, W. R
2309 PARK PLACE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name Bornmiller, W. R.
Street Address (P.O. Box Number is Not Acceptable)

2309 Sawgrass Village Dr.
Ponte Vedra FL Zip Code 32082

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

TITLE PD ☐ Delete
NAME BORNMILLER, W. R
STREET ADDRESS 2309 PARK PLACE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE V ☐ Delete
NAME BORNMILLER, JOANNA
STREET ADDRESS 2309 PARK PLACE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE V ☐ Delete
NAME BORNMILLER, MICHELLE
STREET ADDRESS 2309 PARK PLACE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ST ☐ Delete
NAME BORNMILLER, WILLIAM
STREET ADDRESS 2309 PARK PLACE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

Date

Daytime Phone #

CR2E034 (10/02)