Apr-27-00 01:14P 954

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90005 023 ***150.00

DOCUMENT # [redacted]

Entity Name
Atlantis Mortgage Corporation
P96000030414

Principal Place of Business
10448 West Atlantic Blvd
Coral Springs FL 33071

Mailing Address
1340 NW. 111 WAY
Coral Springs FL 33071

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10448 W. Atlantic Blvd
Suite, Apt. #, etc.

3. Mailing Address
1340 NW 111 WAY
Suite, Apt. #, etc.

City & State
Coral Spring FL

4. FEI Number
650 65 9339
☐ Applied For
☐ Not Applicable

City & State
Coral Spring FL 33071

Zip
33071

County
Broward

County
Broward

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Phillip J Emerman
1340 NW 111 Way
Coral Spring FL 33071

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 (required when changed) Date

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

☐ Delete
President
Phillip J. Emerman
~~1340~~ 1340 NW 111 WAY
Coral Spring FL 33071

☐ Delete
☐ Delete
☐ Delete
☐ Delete
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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.

SIGNATURE: Phillip J Emerman 4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR [redacted] Date

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