

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90417 011 \*\*\*150.00

DOCUMENT # **P96000030414**

1. Entity Name

**Atlantis Mortgage Corporation**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**10448 W. Atlantic Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**10448 W. Atlantic Blvd**

Suite, Apt. #, etc.

City & State

**Coral Springs FL**

City & State

**Coral Springs FL**

Zip

**33071**

Country

**USA**

Zip

**33071**

Country

**USA**

4. FEI Number

**65-0659339**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Phillip J. Emerman**

Street Address (P.O. Box Number is Not Acceptable)

**10448 W. Atlantic Blvd**

City

**Coral Springs**

FL

Zip Code

**33071**

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]*

**Phillip J. Emerman**

**2/27/03**

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	<b>PS</b>
NAME	<b>Phillip J. Emerman</b>
STREET ADDRESS	<b>10448 W. Atlantic Blvd.</b>
CITY-ST-ZIP	<b>Coral Springs, FL 33071</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other persons empowered.

SIGNATURE:

*[Signature]*

**Phillip J. Emerman**

**2/27/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

February 19, 2003

ATLANTIS MORTGAGE  
10448 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071

Subject: ATLANTIS MORTGAGE

Reference Number: 000000259960

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ms

ANNUAL REPORTS SECTION

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