

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044237

1. Entity Name

ATLANTIS ASSET HOLDING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90046 015 ***150.00

Principal Place of Business

Mailing Address

83 GOLF VIEW DRIVE
 OCALA FL 34472

83 GOLF VIEW DRIVE
 OCALA FL 34472-5062

2. Principal Place of Business

23, SE 12th Ter.

Suite, Apt. #, etc.

3. Mailing Address

23, SE 12th Ter.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

65-0675028

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUNK, RAINER D.
 83 GOLF VIEW DRIVE
 OCALA FL 34472

Name Paul J. Guilfoil, Esq.

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

23, SE 12th Ter.

City

Ocala, FL

FL

Zip Code 34471

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

Signature, typed or printed name of registered agent and title if applicable.

Paul J. Guilfoil

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/2000

9. 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
 NAME FUNK, RAINER D
 STREET ADDRESS 83 GOLF VIEW DRIVE
 CITY-ST-ZIP OCALA FL 34472 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 23, SE 12th Ter.
 CITY-ST-ZIP Ocala, FL 34472 ☒ Change ☐ Addition

TITLE V
 NAME FUNK, MARIA L
 STREET ADDRESS 83 GOLF VIEW DRIVE
 CITY-ST-ZIP OCALA FL 34472 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 23, SE 12th Ter.
 CITY-ST-ZIP Ocala, FL 34471 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rainer D. Funk

0002 21 APR 17 2000 352-622-1485

CR2E034 (9/99)