

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080156

1. Entity Name

ATLANTIS ACQUISITIONS, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90431 044 ***150.00

Principal Place of Business

2912 BARRYMORE CT
ORLANDO FL 32835
US

Mailing Address

2912 BARRYMORE CT
ORLANDO FL 32835-6145
US

2. Principal Place of Business

1398 Coverbrook Ln.
Suite, Apt. #, etc.

3. Mailing Address

1398 Coverbrook Ln.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sebastian, FL

City & State

Sebastian, FL

4. FEI Number

59-3411758

Applied For

Not Applicable

Zip

32958

Country

USA

Zip

32958

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRONIN, ROBERT W
2912 BARRYMORE CT
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

1398 Coverbrook Ln.

City

Sebastian

FL

Zip Code
32958

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE P ☐ Delete
NAME CRONIN, ROBERT W
STREET ADDRESS 2912 BARRYMORE CT 1398 Coverbrook Ln.
CITY-ST-ZIP ORLANDO FL Sebastian, FL 32958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
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STREET ADDRESS
CITY-ST-ZIP

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 Robert W Cronin

Date

Daytime Phone #

CR2E034 (9/99)