

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90010 048 ***150.00

DOCUMENT # P98000081283

1. Entity Name

ATLAS CAPITAL SECURITIES CORP.

Principal Place of Business

Mailing Address

111 N ORANGE AVE. SUITE 1525
 ORLANDO FL 32801

111 N ORANGE AVE. SUITE 1525
 ORLANDO FL 32801

2. Principal Place of Business

324 Clayton Str.

Suite, Apt. #, etc.

3. Mailing Address

PO Robert Renneker

Suite, Apt. #, etc.

324 Clayton Str.

City & State

DENVER, CO

Zip

80206

Country

USA

City & State

DENVER, CO

Zip

80206

Country

USA

4. FEI Number

59-3570213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RENNEKER, ROBERT J
 111 N ORANGE AVE, SUITE 1525
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Robert Renneker

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

11861 NW 34 Place

City

SUNRISE

FL

Zip Code

33323

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 resigning)

DATE

4-28-01

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, 2001 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 ☐ Delete
 NAME D
 STREET ADDRESS RENNEKER, ROBERT J
 CITY-ST-ZIP 111 N ORANGE AVE, SUITE 1525
 ORLANDO FL 32801

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 Robert Renneker J
 STREET ADDRESS 324 Clayton Str.
 CITY-ST-ZIP DENVER, CO 80206

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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

Date

Daytime Phone #

4-28-01

CR2E034 (10/00)