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

FILED May 27, 2002 8:00 am Secretary of State

05-27-2002 90438 027 ***158.75

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| DOCUMENT # P 980000 836 | · \ |
| ATLANTIC DEVELOPMENT COR | RPORATION |
| | |
| SO WAT WINTER IN THIS S | |
| DO NOT WRITE IN THIS S | PAGE |
| Principal Place of Business 3. Mailing Address | |
| 2292 WAIRPORT BING | SAME |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | DO NOT WRITE IN THIS SPACE |
| SANFORD FL City & State | 4. FEI Number Applied For Not Applicable |
| | Country 5. Certificate of Status Desired \$8.75 Additional |
| 7ip 3277/ Country Zip | 7. Name and Address of Current Registered Agent |
| | Name JEFFREY whantz |
| DO NOT WRITE | 家家の家庭 Street Address (P.O. Box Number is Not Acceptable) |
| IN THIS SPACE | 335 SPRUCE WOOD KOAD |
| The state of the s | City LAKE Mary FL Zip Code 32746 |
| a the state of the | |
| 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 22 | TEFFEY W LAN+Z OTE: Registered Agent signature required when reinstating) DATE |
| 9. This corporation is eligible to satisfy its intangible | May 1 Fee is \$150.00 10. Election Campaign Financing \$5.00 May Be |
| Amende | led USR is \$61.25 Trust Fund Contribution. Added to Fees |
| 11. OFFICERS AND DIRECTORS | |
| me President | (12/01) |
| STREET ADDRESS 335 SPrucewood Rd | STRIFT ADRESS |
| CITY-SI-718 LAKE Mary, FL 32746 | CR 2 STANDAR S |
| MAME TOFFERENCE LOCAL | C S |
| STREET ADDRESS 335 SPILUCEWOOD Rd | STRECADORES |
| CHY-SI-ZIP LAKE Mary | SGIY ST/P SC |
| NAME | NAME |
| STREET ADDRESS CITY-ST-7IP | CITY ST 270 S |
| TITLE | IN THIS SPACE |
| NAME. SIREEF ADDRESS | NAME - STREET ADDRESS: 4 |
| CITY-ST-ZIP | CITY STATES |
| HITE NAME | AMAGE TO THE RESIDENCE OF THE PARTY OF THE P |
| STREET ADDRESS | STREET ADDRESS |
| CITY-SI-7IP | em st. zp. |
| NAME. | NAME (Copy) |
| STRIFT ADDRESS CITY-SI-ZIP | STREET ADDRESS FCITY STEVING TO |
| 42. Thereby certify that the information supplied with this fiting does not qualify to | 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 logal 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 on an attachment with an address, with all other like empowered. | |
| SIGNATURE DISCOVER DENTITOR OF SERVING OFFICER OR DIRECTOR DELETION LANT Z 4-30.02 407-328 | |
| SIGNATURE. SIGNATURE OBJECTOR DIRECTOR Date Dete Dete Dete Dete Designing OFFICER OR DIRECTOR Dete | |