2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P99000014506

1. Entity Name
ATLANTIS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
151 BLUEBROOK CT	151 BLUEBROOK CT
A	A
OVIEDO FL 32766	OVIEDO FL 32766

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3335 Red Ash Circle
Suite, Apt. #, etc.

3. Mailing Address
3335 Red Ash Circle
Suite, Apt. #, etc.

City & State   Oviedo, FL

City & State   Oviedo, FL

Zip 32766   Country USA

Zip 32766   Country USA

4. FEI Number   59-3556057
Applied For
Not Applicable

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**
PUGH, ERIC N 151 BLUEBROOK CT STE A OVIEDO FL 32766	Name Pugh Eric L. Street Address (P.O. Box Number is Not Acceptable) 3335 Red Ash Circle City Oviedo, FL FL Zip Code 32766

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUGH, ERIC N 151 BLUEBROOK CT OVIEDO FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pugh, Eric N. 3335 Red Ash Circle Oviedo, FL 32766	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   3/31/03   407-366-9604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #