## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

## FILED **DOCUMENT # H89180** May 30, 2000 8:00 am Secretary of State 1. Entity Name ATA INTERNATIONAL, INC. 05-30-2000 90087 046 \*\*\*550.00 Mailing Address Principal Place of Business 12914 GOLF CREST TERR 12914 GOLF CREST TERR TAMPA FL 33624 TAMPA FL 33624-4620 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 59-2913730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBANESE, PAT P." Street Address (P.O. Box Number is Not Acceptable) 12914 GOLFCREST TERRACE **TAMPA FL 33624** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ALBANESE, VINCENT A. NAME NAME STREET ADDRESS 12914 GOLF CREST TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 Change ☐ Addition ☐ Delete TITLE TITLE MASHBURN, SUSAN NAME NAME STREET ADDRESS 12914 GOLF CREST TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** Change ☐ Addition ☐ Delete TITLE TITLE ALBANESE, PAT NAME NAME 12914 GOLF CREST TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33624** Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF