

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013150

1. Entity Name

ALLIED TECHNICAL SERVICES CORP.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90091 037 ***150.00

Principal Place of Business

88500 OVERSEAS HWY., #316
 TAVERNIER FL 33070

Mailing Address

88500 OVERSEAS HWY., #316
 TAVERNIER FL 33070-2072

2. Principal Place of Business

3. Mailing Address

96000 OVERSEAS HWY

96000 OVERSEAS HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

W43

W43

City & State

KEY LARGO FL

City & State

KEY LARGO FL

4. FEI Number

65-0816053

Applied For

Not Applicable

Zip

33037

Country

USA

Zip

33037

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATTERSON, URBAN J
 82681 OVERSEAS HWY
 ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	BOUTELLER, WILLIAM M	
STREET ADDRESS	88500 OVERSEAS HWY., #316	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BOUTELLER, MARIAN E	
STREET ADDRESS	88500 OVERSEAS HWY., #316	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marian Bouteller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIAN BOUTELLER

3-24-00 852-4003

Date

Daytime Phone #

CR2E034 (9/99)