

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 585973

1. Entity Name

ATLAS SERVICE, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90061 041 ***163.75

Principal Place of Business

3200 S. CONGRESS AVE.
SUITE 102
BOYNTON BCHF L 33426
US

Mailing Address

3200 S. CONGRESS AVE.
SUITE 102
BOYNTON BCHF L 33426-9041
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1847472

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SHOCHET, STEPHEN L
2500 N MILITARY TR
205
BOCA RATON FL 33431

Name

Frank J. Badach

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

EuroBank Building, Suite 200

568 Yamato Road

City

Boca Raton

FL

Zip Code
33431

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

1/3/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GROSSMAN, STEVEN HAL
3200 S. CONGRESS AVE., SUITE 102
BOYNTON BEACH FL 33426 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
GROSSMAN, KIMBERLY ANN
3200 S. CONGRESS AVE., STE 102
BOYNTON BEACH FL 33426 ☒ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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 #

1/3/99 561 734-8200