

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031184

1. Entity Name
ATLAS TECHNICAL SERVICES, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90065 035 ***150.00

Principal Place of Business
140 BRAD CIRCLE
WINTER HAVEN FL 33880
US

Mailing Address
140 BRAD CIRCLE
WINTER HAVEN FL 33880
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4353 Fussell Lane
Suite, Apt. #, etc.

3. Mailing Address
4353 Fussell Lane
Suite, Apt. #, etc.

City & State
Winter Haven, FL
Zip
33880
Country
USA

City & State
Winter Haven, FL
Zip
33880
Country
USA

4. FEI Number 59-3431533
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, JAMES P
140 BRAD CIRCLE
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4353 Fussell Lane
City Winter Haven FL Zip Code 33880

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 James P. Jordan President 1/8/01
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, 2001 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	PVD	<input type="checkbox"/> Delete
NAME	JORDAN, JAMES P	
STREET ADDRESS	140 BRAD CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	S	<input type="checkbox"/> Delete
NAME	JORDAN, AMANDA M	
STREET ADDRESS	140 BRAD CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
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	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, JAMES P.	
STREET ADDRESS	4353 FUSSELL LANE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, AMANDA M.	
STREET ADDRESS	4353 FUSSELL LANE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
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: James P. Jordan 1/8/01 863-299-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)