

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90129 001 *****8.75
02-06-2003 90129 002 ***150.00

DOCUMENT # 585973

1. Entity Name
ATLAS SERVICE, INC.



Principal Place of Business
**3200 S. CONGRESS AVE.
SUITE 102
BOYNTON BCH L 33426
US**

Mailing Address
**3200 S. CONGRESS AVE.
SUITE 102
BOYNTON BCH L 33426
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Bch, FL

City & State

Boynton Bch, FL

Zip

Country

Zip

Country

4. FEI Number **59-1847472**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHOCHET, STEPHEN L ESQ
CRYSTAL CORPORATE CTR
2500 N MILITARY TRL #205
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Jeff D. Vastola**
Street Address (P.O. Box Number is Not Acceptable)
**ONE Circlelake Centre - 15th Floor
250 Australian Avenue South
City W P B FL Zip Code 33401**

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

2/3/03

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

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

TITLE **VP** ☐ Delete
NAME **GROSSMAN, KIMBERLY A**
STREET ADDRESS **3200 S CONGRESS AVE #102**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **Kimberly A. Grossman**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

12. 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 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03 561-734-8200

Date

Daytime Phone #

CR2E034 (10/02)