

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99229

**Entity Name:** ATS INDUSTRIES, INC.**Current Principal Place of Business:**950 HARBOR LAKE DR.  
SUITE 10  
SAFETY HARBOR, FL 34695**Current Mailing Address:**ATT: LINDA FAHRENKAMP  
950 HARBOR LAKE DRIVE SUITE # 8  
SAFETY HARBOR, FL 34695-0806 US**FEI Number:** 59-2218872**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FAHRENKAMP, LINDA L  
% ATS INDUSTRIES, INC.  
26 VILLAGE LANE  
SAFETY HARBOR, FL 34695 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	FAHRENKAMP, DALE
Address	26 VILLAGE LANE
City-State-Zip:	SAFETY HARBOR FL 34695

Title	VD
Name	FAHRENKAMP, CHAD
Address	333 CAMBRIA COURT
City-State-Zip:	SAFETY HARBOR FL 34695

Title	STD
Name	FAHRENKAMP, LINDA L.
Address	26 VILLAGE LANE
City-State-Zip:	SAFETY HARBOR FL 34695

  

Title	VD
Name	PATTERSON, CHANDA L
Address	1200 TARPON WOODS BLVD. APARTMENT M4
City-State-Zip:	PALM HARBOR FL 34685

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA L. FAHRENKAMP**SEC/TREAS****01/19/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date