

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90065 031 ***150.00

0515126 AV

DOCUMENT # 432305

1. Entity Name

ATCO, INC.

Principal Place of Business

**PO BOX 698
 SARASOTA FL 34230**

Mailing Address

**PO BOX 698
 SARASOTA FL 34230**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1483984

Applied For

Not Applicable

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

~~ROGERS, BURT K
 3815 N. OSPREY AVE.
 SARASOTA FL 34234~~

Delete

Name **ALAN M. ELWELL**

Street Address (P.O. Box Number is Not Acceptable)
3815 N. OSPREY AVE

SARASOTA, FL. 34234

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 *Alan M. Elwell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/02

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, 2002 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 ~~PDS~~ ☒ Delete
 NAME ~~ROGERS, BURT K.~~
 STREET ADDRESS ~~3815 N. OSPREY AVE.~~
 CITY-ST-ZIP ~~SARASOTA, FL 00000~~

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

TITLE **V** ☐ Delete
 NAME **MILHOLLAND, JACK JR.**
 STREET ADDRESS **3815 N. OSPREY AVE.**
 CITY-ST-ZIP **SARASOTA, FL 00000**

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

TITLE ~~VAS~~ ☐ Delete
 NAME **ELWELL, ALAN M.**
 STREET ADDRESS **3815 N. OSPREY AVE.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **PDS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~V~~ ☒ Delete
 NAME ~~HAIL, MICHAEL~~
 STREET ADDRESS ~~3815 N. OSPREY AVE.~~
 CITY-ST-ZIP ~~SARASOTA FL~~

TITLE **V** ☐ Change ☒ Addition
 NAME **MARK HESSER**
 STREET ADDRESS **4714 ACORN CIRCLE**
 CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition
 NAME **STEVE E. ANAST**
 STREET ADDRESS **4151 ARROW LANE**
 CITY-ST-ZIP **SARASOTA, FL. 34232**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Alan M. Elwell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

DATE

(941) 355-7419

Daytime Phone #

CR2E034 (9/01)