

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **525986**

1. Entity Name
ATLANTIC TESTING LABORATORIES, INC.



FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90138 032 ***550.00

0128975 AT

Principal Place of Business
1861 AVOCADO AVENUE
MELBOURNE FL 32935
US

Mailing Address
POST OFFICE BOX 360816
MELBOURNE FL 32936-0816
US

00121110



2. Principal Place of Business
1861 Avocado Avenue
Suite, Apt. #, etc.
N/A

3. Mailing Address
Post Office Box 360816
Suite, Apt. #, etc.
N/A

☐ CHECK HERE IF MAKING CHANGES

City & State
Melbourne, Florida

City & State
Melbourne Florida

4. FEI Number **59-1722095**
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
MEYER, R. WAYNE
1861 AVOCADO AVENUE
MELBOURNE FL 32935

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEYER, R W 1861 AVOVADO AVE MELBOURNE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TUCKER, DONALD M JR 1861 AVOCADO AVENUE MELBOURNE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECKHAM, CHARLENE B 1861 AVOCADO AVENUE MELBOURNE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKHAM, II L H. 1861 AVOCADO AVE MELBOURNE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**
R Wayne Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **7/26/03** Daytime Phone # **321 259-4141**

CR2E034 (4/03)