4/v. 799 - 0304

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

DOCUMENT # F9800001220 1. Entity Name ATLANTIC SCAFFOLDING COMPANY					Jul 10, 2001 8:00 am / Secretary of State 07-10-2001 90124 011 ***550.00				
Principal Place of Business Mailing Address 5220 PENNINGTON AVE 5220 PENNINGTON AVE BALTIMORE MD 21226 BALTIMORE MD 21226					1 1 4 6 11 44 11		141 33 411 38 401 (8 313 (BJR 11611. 1216 1861	
2. Principal Place of Business 3. Mailing Address 8005 Rappahanack Ave- Suite, Apt. #, etc. Suite, Apt. #, etc.				ive.		DO NOT WRITE IN			
City & Sta	_	City & State	ity & State			52-1184244		Applied For Not Applicable	
-2079	Country	Zip -20794	Country	<u>d</u>	5. Certificate of	Status Desired	Fee Req	Additional	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)					
· I DANIAH	ON 12 00027		City				FL Zip (Code	
8. The above	named entity submits this statement for t	he purpose of changing its re	l gistered office o	r registere	d agent, or both,	in the State of Florida			
SIGNATURE	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE: R	egistered Agent signat	ure required w	vhen 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!! After September 12, Make Check Payabl				e \$750.0	U Trust	on Campaign Financi Fund Contribution.	~ <u>~</u>	5.00 May Be ded to Fees	
11,	OFFICERS AND DI	RECTORS	12.		ADDITIONS/CH	IANGES TO OFFICER	RS AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VRETTAKOS, PETER P 5220 PENNINGTON AVE BALTIMORE MD 21226	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pete 800	ident er P Vre 5 Rappak wa.MD	nanockaw	⊒Khan Enve	ge 🗖 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VRETTAKOS, RICHARD B 5220 PENNINGTON AVE BALTIMORE MD 21226	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	584 Willia 800	RETARY	is hanocka		ge Addition	
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of the cor	ertify that the information supplied with th on this report or supplemental report is tro poration or the receiver or trustee empower or on an attachment with an address.	ue and accurate and that my sered to execute this report as	signature shall h:	ave the sa	me legal effect as	s if made under oath:	that I am an office	cer or director.	