

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90041 019 ***150.00

DOCUMENT # F98000006165

1. Entity Name **ATI (SOUTHEAST), INC.**

Principal Place of Business Mailing Address
507 INDUSTRIAL WAY 507 INDUSTRIAL WAY
BOYNTON BEACH FL 33426-3644 BOYNTON BEACH FL 33426-8770

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 **65-0884964** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when 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!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CARRIKER, ROY C	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE. 450	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CHANCE, STEVEN K	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE. 450	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCCABE, JAMES F JR.	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE. 450	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ZEARFOSS, HERBERT K	
STREET ADDRESS	155 SOUTH LIMERICK RD.	
CITY-ST-ZIP	LIMERICK PA 19468	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Herbert K Zea*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2000 610-948-510
 Date Daytime Phone #