

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90036 028 ***150.00

DOCUMENT # F99000002710

1. Entity Name

AT-TECH STAFFING SERVICES, INC.

Principal Place of Business

Mailing Address

PO BOX 29048
 GLENDALE CA 91209-9048

PO BOX 29048
 GLENDALE CA 91209-9048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

327 W. BROADWAY
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

GLENDALE, CA

City & State

4. FEI Number

95-4733820

Applied For

Not Applied For

Zip

91204

Country

LOS ANGELES

Zip

Country

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

PALMER, DOUG
277 DOUGLASS AVENUE, SUITE 1002
ALTAMONTE SPRINGS FL 32714

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	HOWROYD, BERNARD	
STREET ADDRESS	327 W. BROADWAY	
CITY-ST-ZIP	GLENDALE CA 91204	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HOYAL, MICHAEL A	
STREET ADDRESS	327 W. BROADWAY	
CITY-ST-ZIP	GLENDALE CA 91204	
TITLE		<input type="checkbox"/> Delete
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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 all other life empowered.

SIGNATURE:

Michael A. Hoyal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00 (818) 240-8600