2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J96618 Apr 23, 2000 8:00 am Secretary of State ATA MAINTENANCE, INC. 04-23-2000 90040 041 ***150.00 Principal Place of Business Mailing Address P.O. BOX 2701 1722 HANGAR ROAD SANFORD FL 32772-2701 BLDG, 147 SANFORD FL 32773 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2880981 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEENT HOLT, DOUGLAS P Street Address (P.O. Box Number is Not Acceptable) **3 ORMOND GREEN BLVD ORMOND BCH FL 32174** ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above man PRESIDENT SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSI ☐ Addition Change Delete TITLE HOLT, DOUGLAS P Georty, Robert NAME STREET ADDRESS **3 ORMOND GREEN BLVD** 201 Will Dr. 5 STREET ADDRESS CITY-ST-ZIP Bch FL CITY-ST-ZIP ORMOND BCH FL 32174 Daytona Change ☐ Addition **☑** Delete TITLE TITLE GEENTY, ROBERT NAME NAME 201 GULL DR S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BCH FL 32119 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 region 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 like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D