

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**  
 02-23-2000 90024 039 \*\*\*150.00

**DOCUMENT # M81679**

1. Entity Name

**AMERICAN TECHNICAL SERVICES GROUP INC.**

Principal Place of Business

Mailing Address

5136 S.E. ORANGE ST  
 STUART FL 34997  
 US

5136 S.E. ORANGE ST  
 STUART FL 34997-2485  
 US

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 **65-0148119**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVY, H. WILLIAM**  
**5136 SE ORANGE ST**  
**STUART FL 34997**

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: **PD**  Delete  
 NAME: **LEVY, HAROLD WILLIAM**  
 STREET ADDRESS: **5136 ORANGE STREET**  
 CITY-ST-ZIP: **STUART FL 34997**

TITLE:  Change  Addit  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: **VPS**  Delete  
 NAME: **LEVY, HANNE**  
 STREET ADDRESS: **5136 SE ORANGE ST**  
 CITY-ST-ZIP: **STUART FL 34997**

TITLE:  Change  Addit  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: **VP**  Delete  
 NAME: **SCHORK, HARRY**  
 STREET ADDRESS: **5136 SE ORANGE ST**  
 CITY-ST-ZIP: **STUART FL 34997**

TITLE:  Change  Addit  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addit  
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 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
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TITLE:  Change  Addit  
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 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addit  
 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Hanne Levy*  
**HANNE LEVY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/00

561-219-4774