Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90077 032 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025073

1. Entity Name

ATSP HOLDINGS, INC.

Principal Place of Business

Mailing Address

1699 S. FEDERAL HWY BOCA RATON FL 33432

1699 S. FEDERAL HWY

| OOON HATON | E 00402 | | DOOM RATOR PL 3340 | DOOR BRICH PL 33432 | | | | | | | |
|--|------------------------|---------------------------------------|-----------------------------|---------------------|--|---------------|--|----------------------|----------|-------------------------------|--|
| 2. Principal P | lace of Busin | ess | 3. Mailing Address | | | | | | | | |
| | | | | | | | | (00111 BB1(8 3108) | | 600 (3)(1 60) | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NOT WR | ITE IN THIS SI | PACE | | |
| City & State | e | | City & State | City & State | | | 4. FEI Number 65 - 0989597 Applied For Not Applicable | | | | |
| Zip Country Zip | | | | | try 5Certificate of Status Desired Fee Required | | | | | | |
| • | 6. Name | and Address of Curren | t Registered Agent | . 1 | | 7. | Name and Address of New | | | | |
| | | , | | | Name | | | | | | |
| BOK, ROBERT L 1699 S. FEDERAL HWY | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | S. FEDERA A RATON F | | | | | | | · | | | |
| | | | | | City | | <u> </u> | FL | Zip Cod | le . | |
| | | | | | | | | | | | |
| 8. The above | named entity | submits this statement f | or the purpose of changin | g its registere | ed office or reg | istered ag | gent, or both, in the State of F | lorida. | | | |
| | | | | | | | | | | Ì | |
| SIGNATURE _ | Signature, typed | or printed name of registered agen | nt and title if applicable. | (NOTE: Registered | I Agent signature rec | quired when r | einstating) | DATE | | | |
| 9. This corpor | ration is eligi | ble to satisfy its Intangibl | e FILE NO | W!!! FEE | IS \$150.00 | | | | | | |
| Tax filing requirement and elects to do so. After MAY 1, 200 | | | | | will be \$550.6 | 00 | Election Campaign Fit Trust Fund Contribution | | | May Be | |
| (See criteri | a on back) | | Make Check Pa | yable to De | partment of | State | Trast rana contribution | JII. | Addet | 101865 | |
| 11. | | OFFICERS AND | DIRECTORS | 12. | | ΑC | DITIONS/CHANGES TO OF | FICERS AND D | RECTOR | S IN 11 | |
| TITLE | P | | ☐ Delete | TITLE | | | | (| ☐ Change | ☐ Addition | |
| NAME | BOK, ROB | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | DERAL HWY | | | ET ADDRESS ST-ZIP | | | | | | |
| | | ON FL 33432 | | | | | | | | | |
| TITLE | V | | Delete | TITLE | | | | Į | Change | ☐ Addition | |
| NAME STREET ADDRESS | BOK, DIAN | | | NAME | | | | | | ŀ | |
| CITY-ST-ZIP | | EDERAL HWY | | 1 | T ADDRESS ST-ZIP | | | | | | |
| - | | ON-FL: 33432 | | | | ; | | | <u> </u> | | |
| | SECRETA | | ☐ Delete | TITLE | | | | Į | Change | ☐ Addition | |
| NAME STREET ADDRESS | Bok, BR | FEDERAL HWY. | | NAME | 1 | | | | | | |
| CITY-ST-ZIP | 1077 3. 1 12001 00 | TON, FL 3343. | 2 | | T ADDRESS ST-ZIP | | | | | | |
| TITLE | TREASUR | ICO PL 35 100 | | | | | | Г | 7.05 | | |
| NAME | Table Table | ind D. | ☐ Delete | TITLE NAME | | | | Ļ | Change | Addition | |
| STREET ADDRESS | ur, ur u.aa c | ECNEAN HWY | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | ROCA RA | IAN D. FEDERAL HWY TON, FL 3343 | 3. 2 | | ST-ZIP | | | | | J | |
| TITLE | USCH IVI | 101-, 1-6 00 70 | ☐ Delete | TITLE | | | | r | Change | Addition | |
| NAME | | | Li Delete | NAME | | | | L | Unanye | ☐ Addition | |
| STREET ADDRESS | | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | |) | |
| TITLE | | · · · · · · · · · · · · · · · · · · · | ☐ Delete | TITLE | | | | r | Change | ☐ Addition | |
| NAME | | | U01016 | NAME | | | | | ondings | | |
| STREET ADDRESS | | | | | TANNESCO | | | | | 1 | |

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.

CITY-ST-ZIP

SIGNATURE:

BRIAN D. BOK