

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000047486

1. Entity Name

A & T NATIONAL SERVICES, CORP.

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90126 008 ***150.00

Principal Place of Business	Mailing Address
301 NW 32ND COURT, #109	301 NW 32ND COURT, #109
POMPANO BEACH, FL 33064	POMPANO BEACH, FL 33064

2. Principal Place of Business	3. Mailing Address
3002 NW 4TH AVENUE	3002 NW 4TH AVENUE
Suite Apt #, etc.	Suite Apt #, etc.
SUITE 04	SUITE 04
City & State	City & State
POMPANO BEACH, FL	POMPANO BEACH, FL
Zip	Zip
33064-3136	33064-3136
Country	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-1007724	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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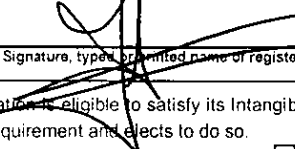
6. Name and Address of Current Registered Agent

TEIXEIRA, ADAILTON GOMES
301 NW 32ND COURT, #109
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name	TAX HOUSE CORPORATION
Street Address (P.O. Box Number is Not Acceptable)	3929 N. FEDERAL HWY
City	POMPANO BEACH FL
Zip Code	33064

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  **02/25/03**
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, 2003 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	PTS	<input type="checkbox"/> Delete
NAME	GOMES TEIXEIRA, ADAILTON	
STREET ADDRESS	1234 12TH AVENUE, #34	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMES TEIXEIRA, ADAILTON	
STREET ADDRESS	3002 NW 4TH AVENUE, SUITE 04	
CITY-ST-ZIP	POMPANO BEACH, FL 33064-3136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ADAILTON GOMES TEIXEIRA - PRESIDENT** **02/25/03** **(954) 553 4779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #