

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90439 005 ***150.00

FILED
 APR 18 2002
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000036015

1. Entity Name
ATA COMPUTER, INC.

Principal Place of Business
3875 NORTH LECANTO HIGHWAY
BEVERLY HILLS FL 34464

Mailing Address
3875 NORTH LECANTO HIGHWAY
BEVERLY HILLS FL 34464

2. Principal Place of Business

3. Mailing Address

PO Box 641072

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Beverly Hills FL

Zip

Country

Zip

Country

34464

CITRUS

4. FEI Number

59-3724223

Applied For

Not Applicable

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

MCDONNELL, THOMAS
3875 NORTH LECANTO HIGHWAY
BEVERLY HILLS FL 34464

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

Thomas McDonnell **Thomas McDonnell, President**

4/10/02

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, 2002 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 MCDONNELL, THOMAS
STREET ADDRESS 3705 WEST DOUGLAS FIR CIRCLE
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE CO-DIRECTOR ☒ Change ☐ Addition
NAME MCDONNELL, THOMAS
STREET ADDRESS 3705 WEST DOUGLAS FIR CIRCLE
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE VD ☐ Delete
NAME PETELLAT, ANDREW
STREET ADDRESS 20 NORTH LEE STREET
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE CO-DIRECTOR ☒ Change ☐ Addition
NAME PETELLAT, ANDREW
STREET ADDRESS 6173 NORTH RED FERN TERRACE
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE STD ☐ Delete
NAME LETSCH, ALBERT
STREET ADDRESS 779 WEST OLYMPIA STREET
CITY-ST-ZIP HERNANDO FL 34442

TITLE CO-DIRECTOR ☒ Change ☐ Addition
NAME LETSCH, ALBERT
STREET ADDRESS 779 WEST OLYMPIA STREET
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Albert Letsch **ALBERT Letsch**

4-10-02

352-527-1363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)