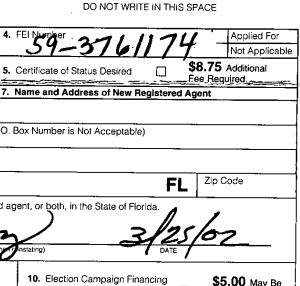
## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000082073 1. Entity Name A.T.E.A.C., INC. Principal Place of Business Mailing Address 3617 CROWN POINT ROAD STE #1 3617 CROWN POINT ROAD STE #1 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HERNANDEZ, MEREDITH A Street Address (P.O. Box Number is Not Acceptable) 3617 CROWN POINT ROAD STE #1 JACKSONVILLE FL 32257 City 8. The above named entity submits to nging its registered office or registered agent, or both, in the State of Florida SIGNATUŘE Signature, typed or print 9. This corporation is eligible to satisfy its ! FILE NOW!!! FEE IS \$150.00 tangible 10. Election Campaign Financing Tax filing requirement and elects to do After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State

## **FILED** May 17, 2002 8:00 am § Secretary of State

05-17-2002 90021 019 \*\*\*150.00



Added to Fees

11.	OFFICERS AND DIS	ECTORO				
***************************************			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	DPT ALEXANDER, WILLIAM T PO BOX 24668 JACKSONVILLE FL 32241-4668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALEXANDER, CLARISSA C PO BOX 24668 JACKSONVILLE FL 32241-4668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition	

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 w

SIGNATURE: