


FILED
Apr 30, 2004 8:00 am
Secretary of State

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # P01000114951 | |  | | Secretary of State | |
| 1. Entity Name ATLAS SERVICE CENTER INC. | | 04-30-2004 90344 029 ***150.00 | | | |
| Principal Place of Business 1477 W. GORE ST. ORLANDO, FL 32805 | | Mailing Address 1477 W. GORE ST. ORLANDO, FL 32805 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3761105 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHAMBON, DANIEL G 3933 HUNTERS ISLE DR. ORLANDO, FL 32837 | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete | | |
| P SCHAMBON, DANIEL G 3933 HUNTERS ISLE DR. ORLANDO, FL 32837 | | | Change Addition 5177 Isleworth Country Club on Windemere, FL - 34786 | | |
| Delete | | | Delete | | |
| Delete | | | Delete | | |
| Delete | | | Delete | | |
| Delete | | | Delete | | |
| Delete | | | Delete | | |
| Delete | | | Delete | | |
| 12. 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 10 or Block 11 if changed, or on any attachment with an address, with all other like unpowers. | | | | | |
| SIGNATURE: _____ 4/27/04 407 540-1006 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |