

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90234 033 ***150.00

DOCUMENT # PO2000012256

1. Entity Name

ATSSGE, INC.



DO NOT WRITE IN THIS SPACE

11016668

2. Principal Place of Business
2075 WEST FIRST ST.

3. Mailing Address
2075 WEST FIRST ST.

Suite, Apt. #, etc.
#203

Suite, Apt. #, etc.
#203

City & State
FT. MYERS, FL

City & State
FT. MYERS, FL

4. FEI Number 04-3624319

Applied For
Not Applicable

Zip
33901

Country

Zip
33901

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GARGANO, ANTHONY L

Street Address (P.O. Box Number is Not Acceptable)

2075 WEST FIRST ST. #203

City FT. MYERS

FL Zip Code 33901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MOORE, LANNY JR.
1698 MCGREGOR RESERVE DR.
FT. MYERS, FL 33901

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

239-337-1123

Daytime Phone #

CR2E034B (12/02)