2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 12, 2003 8:00 am Secretary of State 04-24-2003 90209 029 ***150.00 P02000135414 DOCUMENT # 1. Entity Name ATECO INC. 55039522 Principal Place of Business Mailing Address 2910 W. BAY TO BAY BLVD., SUITE 300 2910 W. BAY TO BAY BLVD., SUITE 300 TAMPA FL 33829-8113 TAMPA FL 33629-8113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 57-1142522 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent WILLIAMS, THERESE A 101 E. KENNEDY BLVD., SUITE 3700 **TAMPA FL 33602** lampa 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. Lam familiar the obligations of egistered agent SIGNATURE . FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. . Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS P. A/S, A/T David E. Ward, Jr. TITLE ☐ Delete TITLE Change : Addition NAME WARD, DAVID E JR. NAME 2910 W. Bay to Bay Blud, Suite 300 STREET ADDRESS 2910 W. BAY TO BAY BLVD., SUITE 300 STREET ADDRESS CITY-ST-21P TAMPA FL 33629-8113 CITY-ST-ZIP Change TITLE ☐ Deleta TITLE **5**, T ☐ Addition Timothy B. Ward NAME NAME WARD, TIMOTHY B 2910 W. Bay to Bay Blvd, Suite 30 STREET ADDRESS 2910 W. BAY TO BAY BLVD., SUITE 300 STREET ADORESS CITY-ST-ZIP TAMPA FL 33629-8113 CITY-ST-ZIP TITLE TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS ١. CITY-ST-ZIP CITY. \$1-719 TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an attachment with an address, with all other like empowered.