

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90050 023 ***150.00

DOCUMENT # P03000095516

1. Entity Name

ATI SERVICES OF TAMPA, INC.



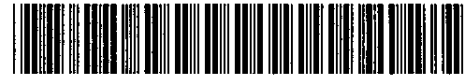
Principal Place of Business

3111 W MARTIN LUTHER KING BLVD STE 10
TAMPA FL 33607

Mailing Address

3111 W MARTIN LUTHER KING BLVD STE 10
TAMPA FL 33607

64043110



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2384022

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

ZOLNIEROWSKI, JACK E CEO
3111 W MARTIN LUTHER KING BLVD STE 100
TAMPA FL 33607

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO ☐ Delete
NAME ZOLNIEROWSKI, JACK E
STREET ADDRESS 15401 DEERGLLEN DR
CITY-ST-ZIP TAMPA FL 33624

TITLE D/T/S ☒ Change ☐ Addition
NAME Zolnierowski, Jack E.
STREET ADDRESS 15401 Deerglen Dr
CITY-ST-ZIP Tampa, FL 33624

TITLE D ☒ Delete
NAME FIELDS, MARK
STREET ADDRESS 3111 W MARTIN LUTHER KING BLVD STE 100
CITY-ST-ZIP TAMPA FL 33607

TITLE D/P/CEO ☐ Change ☒ Addition
NAME Leslie R. Clark
STREET ADDRESS 3111 W. Martin Luther King Blvd, Ste 100
CITY-ST-ZIP Tampa, FL 33607

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
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE: *Leslie R. Clark* Leslie R. Clark

03-18-2004

813-350-7863

Date

Daytime Phone #