

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90060 031 ***150.00

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1. Entity Name
ATI SERVICES OF TAMPA, INC.



Principal Place of Business

**3111 W MARTIN LUTHER KING BLVD STE 100
TAMPA, FL 33607**

Mailing Address

**3111 W MARTIN LUTHER KING BLVD STE 100
TAMPA, FL 33607**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE --- **DTS**
NAME **ZOLNIEROWSKI, JACK E**
STREET ADDRESS **15401 DEERGLEN DR**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE --- **DPCE**
NAME **CLARK, LESLIE R**
STREET ADDRESS **3111 W MARTIN LUTHER KING BLVD., STE. 100**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ---
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ---
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STREET ADDRESS
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TITLE ---
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leslie R. Clark - **Leslie R. Clark**

04/04/05

8133507863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #