

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90144 030 \*\*\*158.75

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**DOCUMENT # P94000063261**

1. Entity Name  
**ADVANCED TEMPERATURE TECHNICIANS INC.**



Principal Place of Business  
**10263 NW 53RD STREET  
SUNRISE FL 33351  
US**

Mailing Address  
**10263 NW 53RD STREET  
SUNRISE FL 33351  
US**



2. Principal Place of Business

**300 S. Pine Island Road**

3. Mailing Address

**300 S Pine Island Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 218**

**Suite 218**

City & State

City & State

**Plantation, Florida**

**Plantation, Florida**

Zip

Country

Zip

Country

**33324** **Brwnel**

**33324** **Brwnel**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0512119**

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

**ARNESON, RICKY A.  
13840 APPALACHIAN TRAIL  
DAVIE FL 33325**

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

*Ricky Arneson*  
(NOTE: Registered agent signature required when reinstating)

*4/27/03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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 **P** ☐ Delete  
NAME **ARENSEN, RICKY A.**  
STREET ADDRESS **13840 APPALACHIAN TRAIL**  
CITY-ST-ZIP **DAVIE FL 32325-1211**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPST** ☐ Delete  
NAME **ARNESON, MARGARET**  
STREET ADDRESS **13840 APPALACHIAN TRAIL**  
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Margaret Arneson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)