2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000068167** Apr 10, 2000 8:00 am Secretary of State AMERICAN TECHNOLOGIES INTERNATIONAL INC. 04-10-2000 90072 038 ***150.00 Principal Place of Business Mailing Address 5 MARINA TERRACE 5. MARINA TERRACE TREASURE ISLAND FL 33706 TREASURE ISLAND FL 05404-0505 2. Principal Place of Business 3. Mailing Address 451 HURST Rd N.E 451 Hurs 7 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3285823 Not Applicable 72907 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TIPPS, ROGER Street Address (P.O. Box Number is Not Acceptable) **5 MARINA TERRACE** TREASURE ISLAND FL 33706 Zip Code Ba. 32907 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/99) **X** Change ☐ Addition □ Delete TITLE TIPPS, ROGER NAME NAME STREET ADDRESS **5 MARINA TERRACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED HAVE SIGNING OFFICER OR DIRECTOR

SIGNATURE: _