2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023624

1. Entity Name

ATLAS BUILDING MAINTENANCE, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90344 009 ***150.00

					`	GOD WE THE				
Principal Place of Business 1605 MAIN STREET SUITE 912 SARASOTA FL 34236			Mailing Address 1605 MAIN STREET SUITE 912 SARASOTA FL 34236							
2. Principal	Place of Busin	ness	3. Mailing Address				- - 1984 1961 1865 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866			
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE I	F MAKING	CHANGE	S
City & State			City & State				4. FEI Number 65-0573943 Applied For			
Zip		Country	Zip		Country	<u></u>	5. Certificate of Status Desired		\$8.75 A	
	6. Name	and Address of Current	Registere	d Agent			7. Name and Address of New Re		ee Requir	rea
			-		. Na	me	7. Name and Address of New Ne	gistered A	gent	
SCOVILL,	H W									
-	N STREET			Street Address			(P.O. Box Number is Not Acceptable)			
SUITE 912					<u></u>					
					}					
SARASOTA FL 34236						City			Zip Co	-
8. The above	e named entity tions of regist	submits this statement for	or the purpo	se of changing its	registered offi	ce or registere	ed agent, or both, in the State of Flori	ida. I am fa	miliar with	and accept
gu	none or region	ered agent.								
SIGNATURE		or printed name of registered agent	and title if applic	cable. (NOTE	: Registered Agent	signature required	when reinstating)	DATE		
F	ILE NOW!!	! FEE IS \$150.00						-		
Afte	r May 1, 200	3 Fee will be \$550.00					9. Election Campaign Fina	ncing	\$5.0	00 May Be
Make Check	k Payable to	Florida Department o	f State				Trust Fund Contribution.	Ĭ 🗆	Adde	d to Fees
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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

SIGNATURE:

AND THE DESCRIPTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 941-362-363.5