

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90401 006 ***150.00

DOCUMENT # P95000046216

1. Entity Name
ATA CONSTRUCTION COMPANY, INC.

Principal Place of Business

12917 WOODLEIGH AVENUE
TAMPA FL 33612
US

Mailing Address

P.O. BOX 280017
TAMPA FL 33682



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3320094

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIERRA, ANTHONY

12917 WOODLEIGH AVENUE
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name: Anthony Sierra

Street Address (P.O. Box Number is Not Acceptable): 16124 W. Course Dr.

City: Tampa

FL

Zip Code: 33624

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P ☒ **Delete**
NAME: SIERRA, ANTHONY
STREET ADDRESS: 12917 WOODLEIGH AVENUE
CITY-ST-ZIP: TAMPA FL 33612

TITLE: ☐ **Delete**
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President ☒ **Change** ☐ **Addition**
NAME: Anthony Sierra
STREET ADDRESS: 16124 W. Course Dr.
CITY-ST-ZIP: Tampa, FL 33624

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

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-02 83-960-1012

CR2E034 (9/01)