

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091478

1. Entity Name
ATCO SALES AND MARKETING INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90238 022 ***150.00

Principal Place of Business 5880 TOWN BAY DRIVE SUITE 1016 BOCA RATON FL 33486	Mailing Address 5880 TOWN BAY DRIVE SUITE 1016 BOCA RATON FL 33028-3112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16735 NW 11 ST Suite, Apt. #, etc.	3. Mailing Address 16735 NW 11 ST Suite, Apt. #, etc.
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City & State Pembroke Pines FL	City & State Pembroke Pines FL	4. FEI Number 65-0623259	Applied For <input type="checkbox"/> Not Applicable
Zip 33028	Country Broward	Zip 33028	Country Broward

6. Name and Address of Current Registered Agent THEAMAN, ALAN R 5880 TOWN BAY DRIVE SUITE 1016 BOCA RATON FL 33486	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Alan R Theaman* DATE: 1/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THEAMAN, ALAN R 5880 TOWN BAY DRIVE, SUITE 1016 BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Alan R Theaman* DATE: 1/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ALAN THEAMAN President
Daytime Phone #: 954-436-1919

CFR2E034 (9/99)