# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091478

**1. Entity Name**

ATCO Sales and Marketing, Inc.

## DO NOT WRITE IN THIS SPACE

80057438

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 16735 NW 11th St | 16735 NW 11th St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| City & State | City & State | 4. FEI Number | Applied For |
|---|---|---|---|
| Pembroke Pines, Fl. | Pembroke Pines, Fl. | 65-0623259 | Not Applicable |
| Zip 33028 Country | Zip 33028 Country | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |

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**7. Name and Address of Current Registered Agent**

Name Alan R. Theaman

Street Address (P.O. Box Number is Not Acceptable)

16735 NW 11th St.

City Pembroke Pines FL Zip Code 33028

**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 _____

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. (See criteria on back) ☐ | January 1 - May 1 Fee is $150.00<br>After May 1, Fee is $550.00<br>Amended UBR is $61.25<br>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** | | TITLE | |
| NAME Alan R. Theaman | | NAME | |
| STREET ADDRESS 16735 NW 11th St. | | STREET ADDRESS | |
| CITY-ST-ZIP Pembroke Pines, Fl. 33028 | | CITY-ST-ZIP | |
| TITLE ; | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034B (12/01)

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Alan R. Theaman _____ 954-436-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #