

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90018 022 ***150.00

DOCUMENT # P96000002374

1. Entity Name

ATLAS HAULING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1703 W. River Drive

3. Mailing Address
1703 W. River Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Margate, FL

City & State
Margate, FL

4. FEI Number
65-0625053

Applied For
☐ Not Applicable

Zip
33063

Country
USA

Zip
33063

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

54014429

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David Leonowitz

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

1703 W. River Drive

City Margate,

FL

Zip Code
33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P David Leonowitz 1703 W. River Drive Margate, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Douglas Extercamp 135 N.W. 67th Street Fort Lauderdale, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *David Leonowitz* **David Leonowitz** 2-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)