

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90007 004 ***150.00

DOCUMENT # P96000016397

1. Entity Name

ATAG Inc. ✓

Principal Place of Business

Mailing Address

6635 W COMM. BLVD TAMARAC, FL 33319 8651 CANOPY OAKS DR. JACKSONVILLE, FL 32256

00056147

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6635 W COMM. BLVD 8651 CANOPY OAKS DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

JACKSONVILLE, FL

4. FEI Number

650644154

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

C. K. AGARWAL
8651 CANOPY OAKS DR.
JACKSONVILLE, FL 32256

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] CK AGARWAL PRESIDENT 05-11-2001
 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, 2001: 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 <u>PRESIDENT</u> <input type="checkbox"/> Delete	NAME <u>C. K. AGARWAL</u>	STREET ADDRESS <u>8651 CANOPY OAKS DR.</u>	CITY-ST-ZIP <u>JACKSONVILLE FL-32256</u>
TITLE <u>VICE PRESIDENT</u> <input type="checkbox"/> Delete	NAME <u>ATUL AGARWAL</u>	STREET ADDRESS <u>8651 CANOPY OAKS DR.</u>	CITY-ST-ZIP <u>JACKSONVILLE, FL-32256</u>
TITLE <u>SECR. + TREASURER</u> <input type="checkbox"/> Delete	NAME <u>ANUJ AGARWAL</u>	STREET ADDRESS <u>8651 CANOPY OAKS DR.</u>	CITY-ST-ZIP <u>JACKSONVILLE FL-32256</u>
TITLE <u></u> <input type="checkbox"/> Delete	NAME <u></u>	STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>
TITLE <u></u> <input type="checkbox"/> Delete	NAME <u></u>	STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>
TITLE <u></u> <input type="checkbox"/> Delete	NAME <u></u>	STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>

TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u></u>	STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>
TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u></u>	STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>
TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u></u>	STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>
TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u></u>	STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>
TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u></u>	STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>

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] CK AGARWAL PRESIDENT

CR2E034 (11/00)