

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90060 048 \*\*\*150.00

0425306

**DOCUMENT # P96000033652**

1. Entity Name  
**AMERICAN TECHNICAL SERVICES, INC.**

Principal Place of Business <b>180 Alternate 19 North, Suite A Palm Harbor, FL 34683</b>	Mailing Address <b>180 Alternate 19 North, Suite A Palm Harbor, FL 34683</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>33-0507985</b>		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desires <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>WING, CHERYLL</b>  <b>180 Alternate 19 North, Suite A Palm Harbor, FL 34683</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent's 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WING, CHERYLL</b> <b>28050 US HWY 19 NORTH, STE 400</b> <b>CLEARWATER FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>CHERYLL WING ZIVOLICH</b> <b>180 Alternate 19 North, Suite A</b> <b>Palm Harbor, FL 34683</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZIVOLICH, CRAIG</b> <b>28050 US HWY 19 NORTH, STE 400</b> <b>CLEARWATER FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER</b> <b>CRAIG ZIVOLICH</b> <b>180 Alternate 19 North, Suite A</b> <b>Palm Harbor, FL 34683</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Cheryll Wing  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)