

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

FILED 2002 OCT 21 AM 9:50
P96000033652

02 OCT 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000033652**

1. Entity Name

AMERICAN TECHNICAL SERVICES, INC (R)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

180 ALT 19 NORTH

3. Mailing Address

180 ALT 19 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34683

Country

USA

Zip

34683

Country

USA

4. FEI Number

33-0507985

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **CHERYLL WING**

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

180 ALT 19 NORTH

City **Palm Harbor**

FL

Zip Code **34683**

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

Cheryll Wing

9/27/02

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
Cheryll Wing
656 Soundview Dr
Palm Harbor, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
Craig Zivlich
656 Soundview Dr
Palm Harbor, FL 34683**

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27/02

American Technical Services, Inc.

Risk Administration & Information Management Systems



October 9, 2002

Florida Department of State:

Attention:

Please be advised, that we did not receive the information to file our UBR. American Technical Services, Inc has paid the amount of \$150.00 for the UBR. We were told that the \$400.00 fee would be waived.

Thank you Kindly,

Nikki Mahadeen

American Technical Services, Inc.

180 Alt 19 North

Palm Harbor, FL 34683

(727) 431-0135 Ext 101

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