

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90051 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000033652

Entity Name
AMERICAN TECHNICAL SERVICES, INC.



80114704

Principal Place of Business
80 ALT 19 NORTH
PALM HARBOR, FL 34683

Mailing Address
180 ALT 19 NORTH
PALM HARBOR, FL 34683

Principal Place of Business
180 ALT 19 NORTH
Suite, Apt. #, etc.

Mailing Address
SAME
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PALM HARBOR, FL

City & State
SAME

4. FEI Number
33-0507985

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WING, CHERYL
180 ALT 19 NORTH
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Cheryl Wing DATE 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS: \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WING, CHERYL 656 SOUNDVIEW DR PALM HARBOR, FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIVOLICH, CRAIG 656 SOUNDVIEW DR PALM HARBOR, FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl Wing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)