2000 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2000 8:00 am Secretary of State DOCUMENT # **P97000000689** 1. Entity Name ATRA OCCUPATIONAL AND ENVIRONMENTAL SERVICES, IN 02-04-2000 90047 049 ***150.00 Principal Place of Business Mailing Address MAGNOLIA CENTRE I MAGNOLIA CENTRE I 1203 GOVERNORS SQUARE BLVD., SIXTH FLOOR 1203 GOVERNORS SQUARE BLVD., SIXTH FLOOR B0013102 TALLAHASSEE FL 32301-2994 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3418627 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIST, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD · · ☐ Addition Change TITLE ☐ Delete TITLE WERNKE, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 534 MEADOW RIDGE TALLAHASSEE FL 32312 CITY-ST-ZIP CITY-ST-ZIP **VPSD** TITLE ☐ Delete TITLE Change ☐ Addition BUDINSKY, ROBERT A NAME NAME STREET ADDRESS 2665 NOBLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 VPTD TITLE Change ☐ Addition Delete TITLE SCHELL, JOHN D NAME NAME STREET ADDRESS 9247 OAKFAIR DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TALLAHASSEE FL 32311 VPTD ☐ Delete TITLE ☐ Change ☐ Addition TITLE HARBISON, J. T. NAME NAME 2355 SURF RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PENSACOLA FL 32346 VPD · · THILE Change ☐ Addition TITLE ☐ Delete LYNCH, ED NAME NARAF 1203 GOVERNORS SQ. BLVD- 6TH FLR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32301 VPTD Change ☐ Addition TITLE TITLE ☐ Delete BROWN, DENNIS NAME NAME STREET ADDRESS 4501 TAMIAMI TRL N. #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103,

13. I hereby certify that the information supplied with his filling 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 inport is the 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 trusted 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 addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR

<u>Jan. 28, 2000</u>

850-309-00=

FILED